

Name  
in  
Full

Mark Alexander

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Ruxton</i> <sup>Town</sup>		<i>Bates</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906</i>	Month <i>Nov.</i>	Day <i>11</i>	Age <i>81</i>	Months <i>1</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Virginia</i>			
Occupation <i>Retire d</i>	Where Residing if not at place of death <i>Ruxton</i>				
<del>Married, Single</del> or Widowed <i>Widowed</i>	Name of Wife or <i>Ann Gordon Coleman</i>				
Father's Name <i>Nathaniel Alexander</i>	Father's Birthplace <i>Virginia</i>				
Mother's Maiden Name <i>Sara Alexander</i>	Mother's Birthplace <i>Virginia</i>				
Name of person giving information <i>Mrs. Wm P Whyte Jr.</i>	How related to deceased <i>Granddaughter</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Cerebral hemorrhage</i>	How long <i>2 days</i>
Immediate <i>"</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm Warren Tucker</i>
<i>no</i>	Address <i>806 Calhoun St</i>
Accident or Suicide? <i>no</i>	

Henry W. Jenkins & Sons Co  
Funeral Directors

Baltimore Md

Place of Burial

Tues<sup>d</sup> Nov 13<sup>th</sup> /06

London Park Cem

Name  
In  
Full

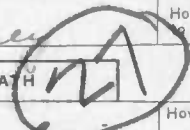
*Edith Estella Ames*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

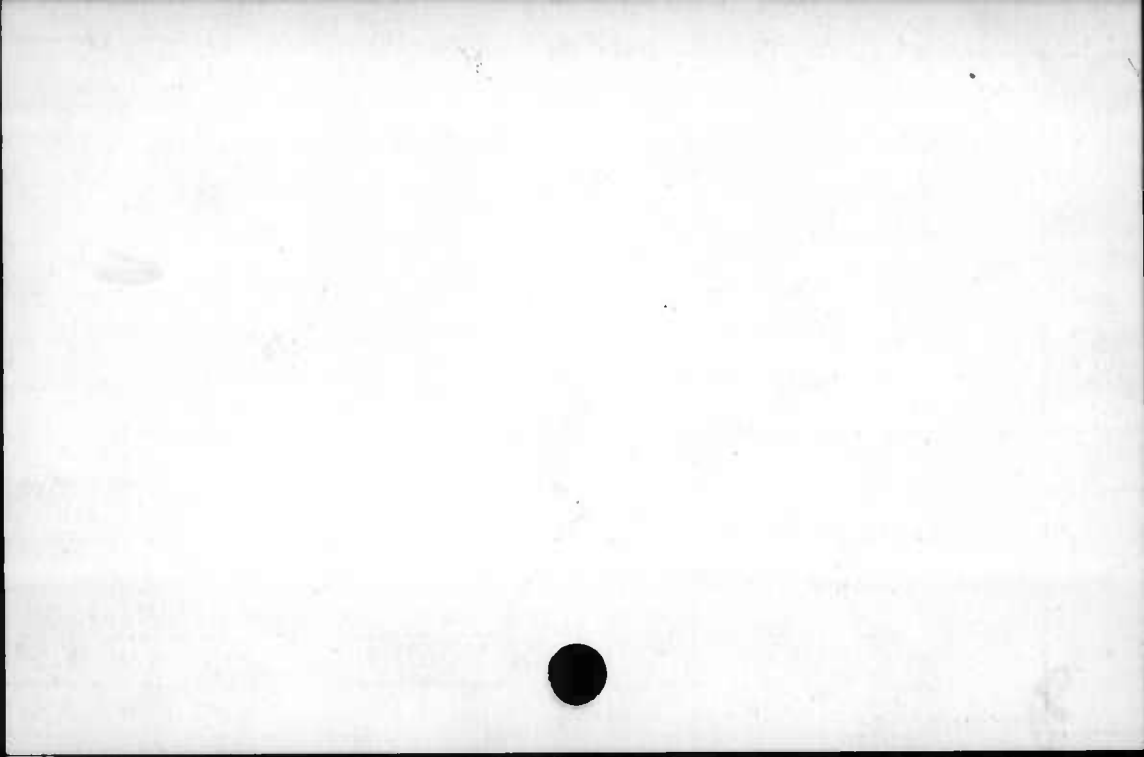
Died at <i>not known</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death <i>1906</i>		Month <i>Nov</i>		Day <i>17</i>		Age <i>22</i>	
Sex <i>female</i>		Color or Race <i>white</i>		Birthplace <i>Baltimore</i>		Months <i>—</i> Days <i>9</i>	
Occupation <i>Homework</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>William Ames</i>					
Father's Name <i>Mathew F. O'Brien</i>		Father's Birthplace <i>Baltimore</i>					
Mother's Maiden Name <i>Mary E. Collins</i>		Mother's Birthplace <i>Baltimore</i>					
Name of person giving information <i>William Ames</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH



PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Intercurculosis</i>		How long <i>3 months</i>	
Immediate <i>Extreme weakness</i>		How long <i>8 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>		Signature of Physician <i>W. H. H. H.</i>	
		Address <i>not known</i>	
Accident or Suicide?		<i>md.</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Thos. B. Aten</i>		Town <i>Highlandtown</i>		County <i>Balt.</i>		MARYLAND	
Died at		Month <i>11</i>		Day <i>13</i>		Age <i>2</i>	
Date of death <i>1906</i>		Years <i>8</i>		Months <i>—</i>		Days <i>8</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Balt. Co.</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>214 - 5<sup>th</sup> St.</i>			
Married, Single or Widowed <i>—</i>				Name of Wife or Husband <i>—</i>			
Father's Name <i>Thos. B. Aten</i>				Father's Birthplace <i>Pa.</i>			
Mother's Maiden Name <i>Ida L. McBlond</i>				Mother's Birthplace <i>"</i>			
Name of person giving In formation <i>Thos. B. Aten</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Membranous Croup</i>		How long <i>4 da</i>	
Immediate <i>Exhaustion</i>		How long <i>10 hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Geo. L. Gray</i>	
<i>no</i>		Address <i>3 and 1/2 South Highlandtown Md</i>	
Accident or Suicide? <i>8</i>			

Henry & Son

Oak Lawn<sup>cem.</sup>  
11/14/06

Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Lowson</i> Town		County <i>Belt</i>	
		Date of death <i>1904</i> Month <i>Nov.</i> Day <i>3</i>		Age <i>(?)</i> Years <i>95</i> Months <i>—</i> Days <i>—</i>	
		Sex <i>Female</i>		Color or Race <i>(Col)</i>	
		Occupation <i>Errand</i>		Where Residing if not at place of death <i>Lowson</i>	
		Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>	
		Father's Name <i>Don't know</i>		Father's Birthplace <i>Don't know</i>	
		Mother's Maiden Name <i>Don't know</i>		Mother's Birthplace <i>Don't know</i>	
Name of person giving information <i>J. A. Booth</i>		How related to deceased <i>Employer</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <i>General debility + all the</i>		How long <i>154</i>	
		Immediate <i>Cardiac Asthenia</i>		How long <i>8 hours</i>	
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. F. Smith, M.D.</i>	
		Address <i>Lowson Md.</i>			

John Burns Sons  
Towson

Private Cemetery on  
Mr George Harriman's  
Farm  
Balt. Co.



Name  
In Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name In Full <i>Alfred Bailey</i>		Town <i>Sparrow's Pt.</i>		County <i>Balto.</i>		MARYLAND	
Died at <i>Sparrow's Pt.</i>		Date of death <i>1906 Nov. 3</i>		Age <i>3</i>		Months <i>-</i> Days <i>-</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Md.</i>			
Occupation <i>none</i>		Where Residing if not at place of death <i>Sparrow's Pt.</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>-</i>					
Father's Name <i>Geo. Bailey</i>		Father's Birthplace <i>England</i>					
Mother's Maiden Name <i>-</i>		Mother's Birthplace <i>England</i>					
Name of person giving information <i>Mrs. Geo. Bailey</i>		How related to deceased <i>Mother</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Burn</i>	How long <i>28 hours</i>
Immediate <i>Burn &amp; Shock</i>	How long <i>28 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. K. Pettekian M.D.</i>
	Address <i>Sparrow's Pt., Md.</i>
Accident or Suicide? <i>2</i>	



Name  
in  
Full

Uthel Bazeer

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Randallstown</i>			Town <i>Balt</i>		County		MARYLAND	
Date of death <i>1906</i>	Month <i>Nov-</i>	Day <i>8</i>	Age <i>2 years</i>	Years	Months <i>2</i>	Days <i>10</i>		
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Near Randallstown</i>					
Occupation			Where Residing if not at place of death					
Married, Single or Widowed <i>Child</i>			Name of Wife or Husband					
Father's Name <i>George V. Bazeer</i>			Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Cora Wideman</i>			Mother's Birthplace <i>"</i>					
Name of person giving information			How related to deceased					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Membranous Croup</i>	How long <i>Three days</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. J. Stubb</i>
	Address <i>Randallstown</i>
	<i>Balt Co</i>
Accident or Suicide?	



4

Name  
In  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Jacob S. Baker*

Died at *Glen Rock Pa.* *York.* *Pa.*  
Town County MARYLAND.

Date of death *1906* *11* *5* *Age 72* *7* *6*  
Month Day Years Months Days

Sex *male* Color or Race *white* Birthplace *Balto Co Md.*

Occupation *Jeweler.* Where Residing if not at place of death *\_\_\_\_\_*

Married, Single or Widowed *Married* Name of Wife or Husband *Eliza Letha Neff.*

Father's Name *Henry Baker* Father's Birthplace *Md.*

Mother's Maiden Name *Annie Sloan* Mother's Birthplace *Md.*

Name of person giving information *Allen J. Baker* How related to deceased *Son.*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

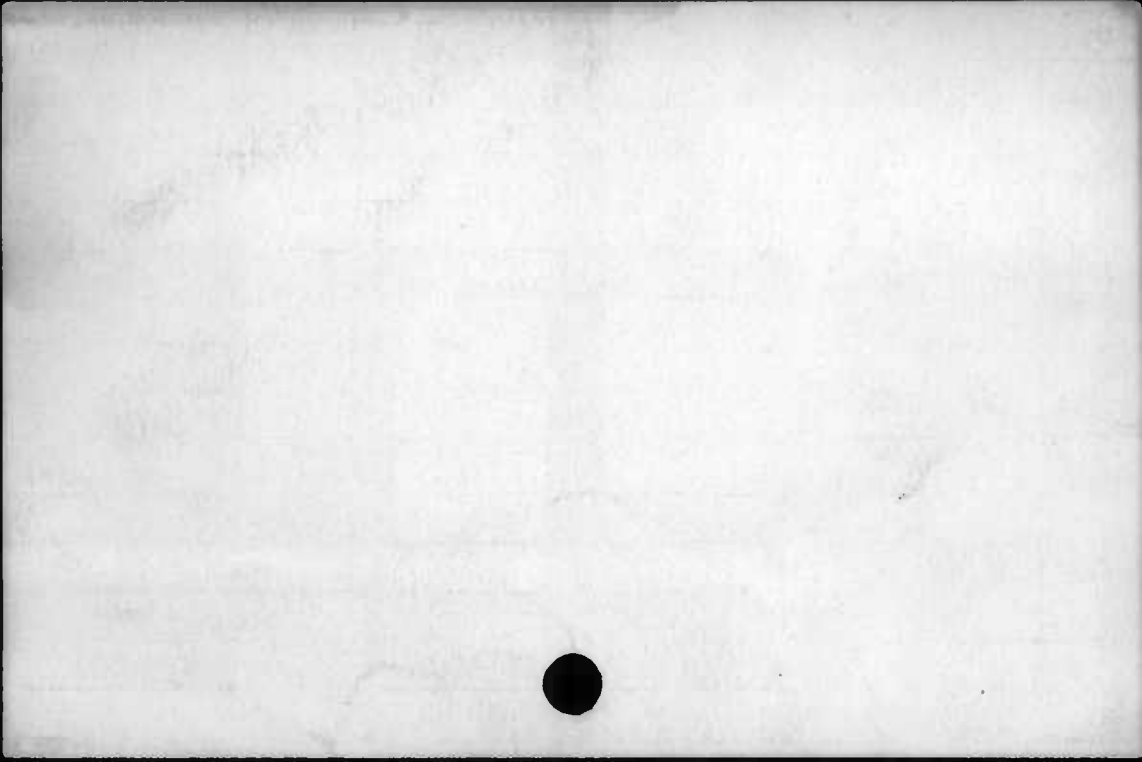
Primary *\_\_\_\_\_* How long *\_\_\_\_\_*

Immediate *Cerebral Apoplexy* How long *8 hrs.*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *W. C. Seitz.*

Address *Glen Rock Pa.*

Accident or Suicide? *\_\_\_\_\_*



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

## CERTIFICATE OF DEATH

MARYLAND

Died at *Mt Hope Reformatory*

Town

*Baltimore*

County

Date

of death *1906 Nov 11th*

Month

Day

Age

Years

Months

Days

46

*unknown*

Sex

*male*Color or  
Race*white*Birth-  
place*Ireland*

Occupation

Where Residing if not  
at place of deathMarried, Single  
or Widowed*Single*Name of Wife or  
HusbandFather's  
Name*unknown*Fether's  
Birthplace*unknown*Mother's  
Meiden Name*11*Mother's  
Birthplace*11*Name of person giving  
In formation*Reed, Mt Hope Reformatory*How related  
to deceased*not at all*

## CAUSES OF DEATH

Primary

*Melancholia**(13)*

How long

*10 Mins*

Immediate

*Ex Bulbar Paralysis*

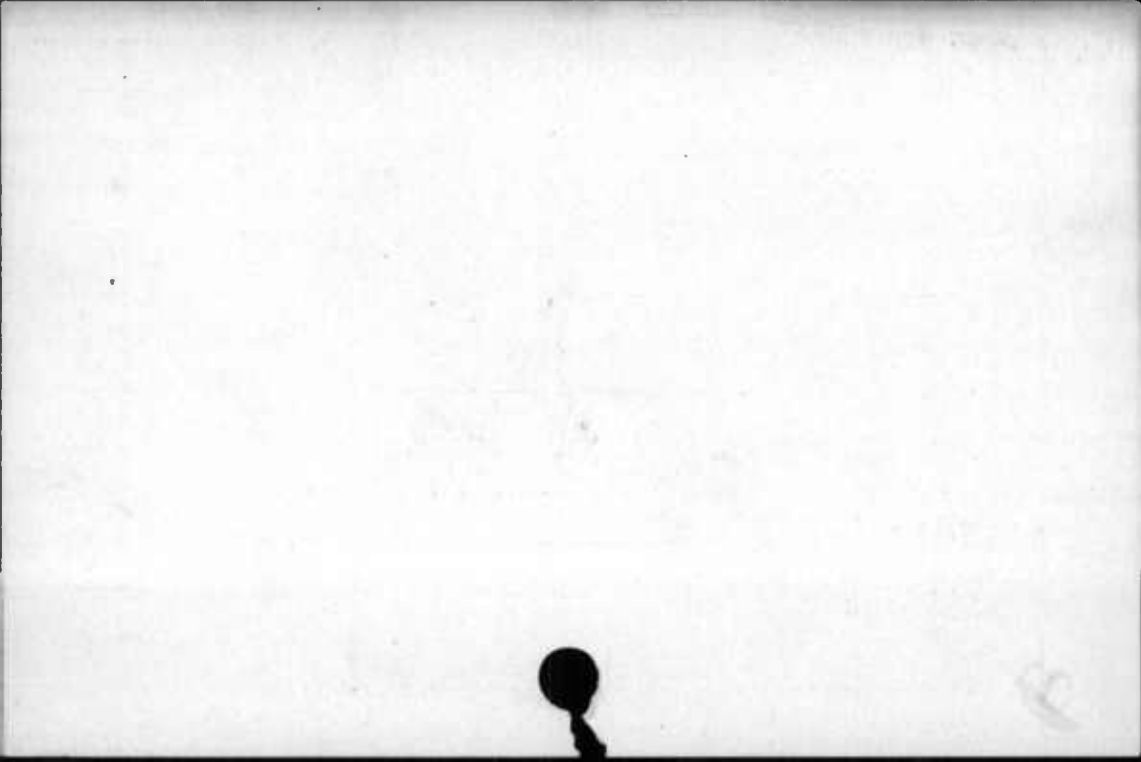
How long

Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature  
Physician*Frank J. F. Lannery MD*

Address

*Mt Hope Reformatory  
Baltimore Md*

Accident or Suicide?





Name in Full

Certificate of Death

Infant of Arthur + Minnie Baughman

Died at Highland <sup>Town</sup> Balto <sup>County</sup> MARYLAND

Date 1908 <sup>Month</sup> 11 <sup>Day</sup> 30 <sup>Y.</sup> 1908 <sup>M.</sup> 11 <sup>D.</sup> 30 <sup>Native of</sup> Stillborn <sup>Occupation</sup>

Male ☒ Female ☐ White ☒ Colored ☐ Married ☐ Single ☐ Widow ☐ Widower ☐ Divorced ☐ Number of children living 1

Husband of Arthur Baughman

Wife of Minnie Baughman <sup>Mother's</sup> Minnie Baughman

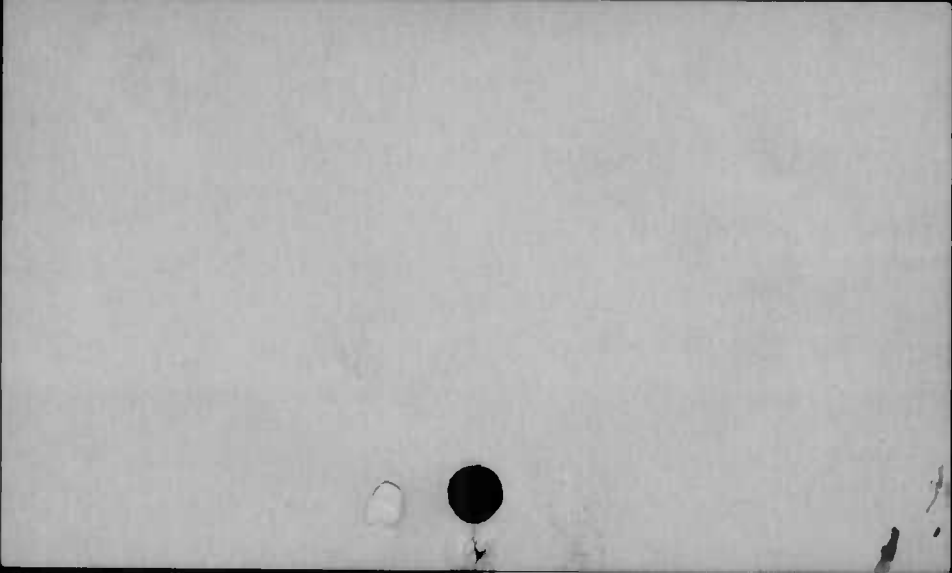
Cause of Stillborn <sup>How long sick</sup>

Death ☒ Primary ☐ Immediate ☐ Accident, Suicide, Homicide

Reported by A. J. Warner

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Baynes</i> Town <i>Baynes</i> <i>ville</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	1906	Month	11	Day	30
Age	68	Years	6	Months	5
Sex	Male	Color or Race	White	Birth-place	Ind
Occupation	Blacksmith	Where Residing if not at place of death	Baynes ville		
Married, Single Widowed	Name of Wife or Husband				
Father's Name	<i>Wm Bayne</i>			Father's Birthplace	Ind
Mother's Maiden Name	<i>Ellen Morgan</i>			Mother's Birthplace	..
Name of person giving information	<i>James E Bayne</i>			How related to deceased	Son

## CAUSES OF DEATH

Primary	<i>Lobar Pneumonia</i>	How long	<i>93</i>
Immediate	<i>Failure of vital forces</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	<i>Wm. E. Whiteford</i>
<i>Filed 1906</i>	Address	<i>Larkville, Md.</i>	
Accident or Suicide?			

PHYSICIAN  
OR CORONER

Frederick Lawton

Mount Marie

Name  
in  
Full

S. Elizabeth Bedford

## CERTIFICATE OF DEATH

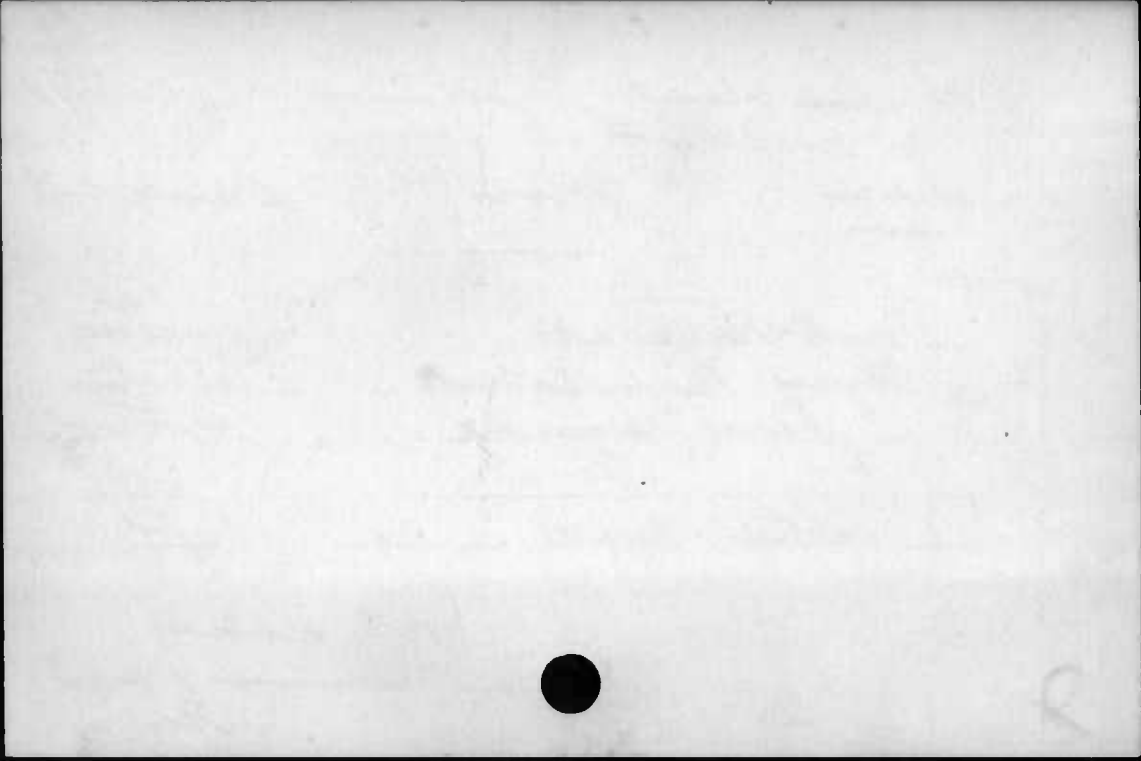
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Rose Bank</u> <small>Town</small>		<u>Baltimore</u> <small>County</small>		MARYLAND	
Date of death	1906	Month	Nov.	Day	19
Age	39	Years	4	Months	29
Sex	Female	Color or Race	Negro	Birth-place	MD
Occupation	Housewife		Where Residing if not at place of death		
Married, <del>Single</del> or <del>Widowed</del>	Name of Wife or Husband <u>David G. Bedford</u>				
Father's Name	<u>Richard Spragg</u>		Father's Birthplace	MD	
Mother's Maiden Name	<u>Maria Matthews</u>		Mother's Birthplace	MD	
Name of person giving information	<u>David G. Bedford</u>		How related to deceased	Husband	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Pregnancy</u>	How long	<u>9 months</u>
Immediate	<u>Memorial Dissection &amp; Prognosis</u>	How long	<u>8 days</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>F. C. Skelton</u>
Accident or Suicide?	<u>—</u>	Address	<u>Greenie Point</u>



Name  
in  
Full

## CERTIFICATE OF DEATH

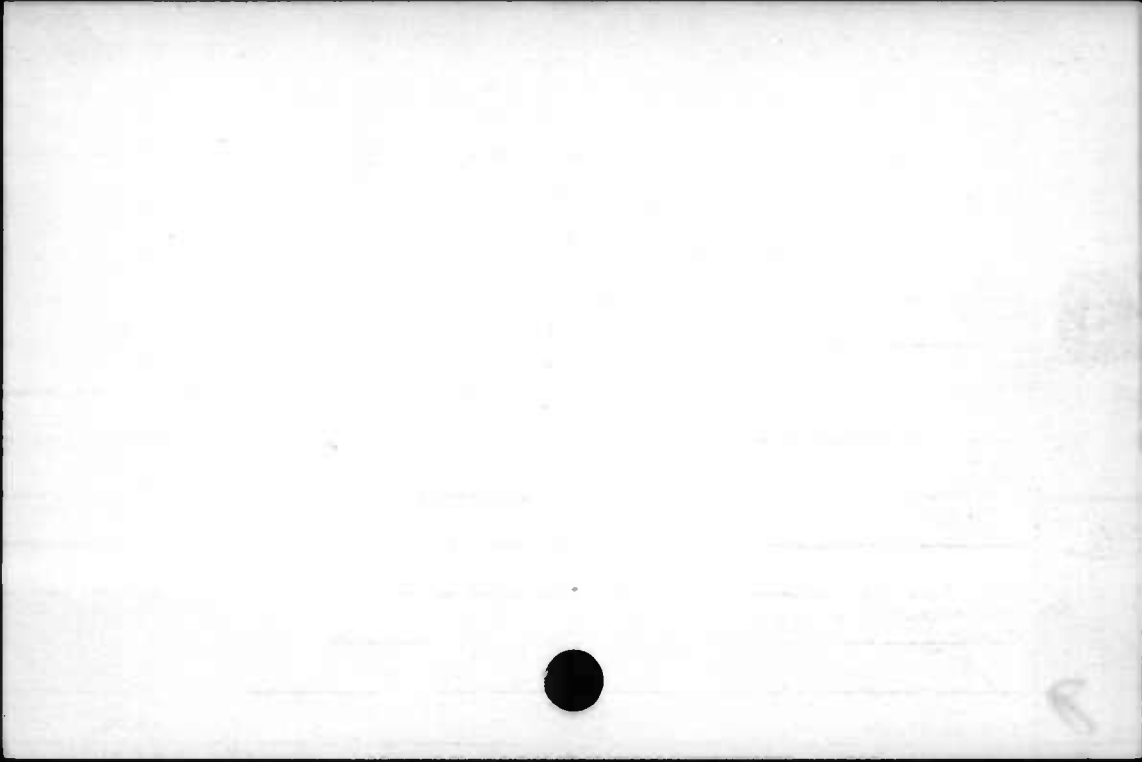
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 190		6	Month	Nov.	Day	23	Age 48 hours
Sex		Female		Color or Race		White	
Married, Single or Widowed		Infant		Occupation		Infant	
Name of Wife or Husband		Infant					
Father's Name		~~~~~					
Mother's Maiden Name		Addie M. Belt		Father's Birthplace		~~~~~	
Name of person giving information		Wm H. Belt		Mother's Birthplace		Baltimore Md.	
				How related to deceased		Grandfather	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Feeble & undeveloped at birth	How long	48 hours
Immediate	Steleodanias	How long	6 hours
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		James Gore M.D.	
Address		Rushmore Md.	
<del>Accident or Suicide</del>			





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Not Wasington</i>		Town <i>Baltimore</i>		County <i>Ch.</i>		MARYLAND	
Date of death <i>1906</i>		Month <i>Oct</i>		Day <i>16</i>		Age <i>76</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Prince Georges Co Md.</i>		Months	
Occupation		Where Residing if not at place of death				Days	
<del>Married, Single or Widowed</del> <i>Single</i>		Name of Wife or Husband					
Father's Name <i>True man Belh</i>		Father's Birthplace <i>Prince Georges Co Md.</i>					
Mother's Maiden Name <i>Eloisebeth S. Ross</i>		Mother's Birthplace <i>do do</i>					
Name of person giving information <i>Thos B Belh</i>		How related to deceased <i>Brother</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Organic Heart Disease</i>	How long	<i>(?)</i>
Immediate	<i>Asthma</i>	How long	<i>5 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		<i>William J. Todd M.D.</i>	
Address		<i>W. Washington</i>	
Accident or Suicide?			

place of burial

Greenmount

date of burial

Monday Nov 19th 1906

W Senkeris

son.

Name  
in  
Full

John P Benson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Pristertown</i>		Town <i>Balto</i>		County		MARYLAND	
Date of death	1906	Month	Nov	Day	3	Age	73
Sex	male		Color or Race	white		Birth-place	Balto. Co. Md.
Occupation	Farmer			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Ida Benson			
Father's Name	John Benson					Father's Birthplace	Balto Co Md
Mother's Maiden Name	Lauria Gill					Mother's Birthplace	" " "
Name of person giving information	Ida Benson					How related to deceased	wife

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Bright's Disease</i>	How long	<i>2 yrs</i>
Immediate	<i>Heart Failure</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>H. W. Mlake</i>	
		Address	
		<i>Pristertown</i>	
Accident or Suicide?			

Rustington

Name  
in  
Full

## CERTIFICATE OF DEATH

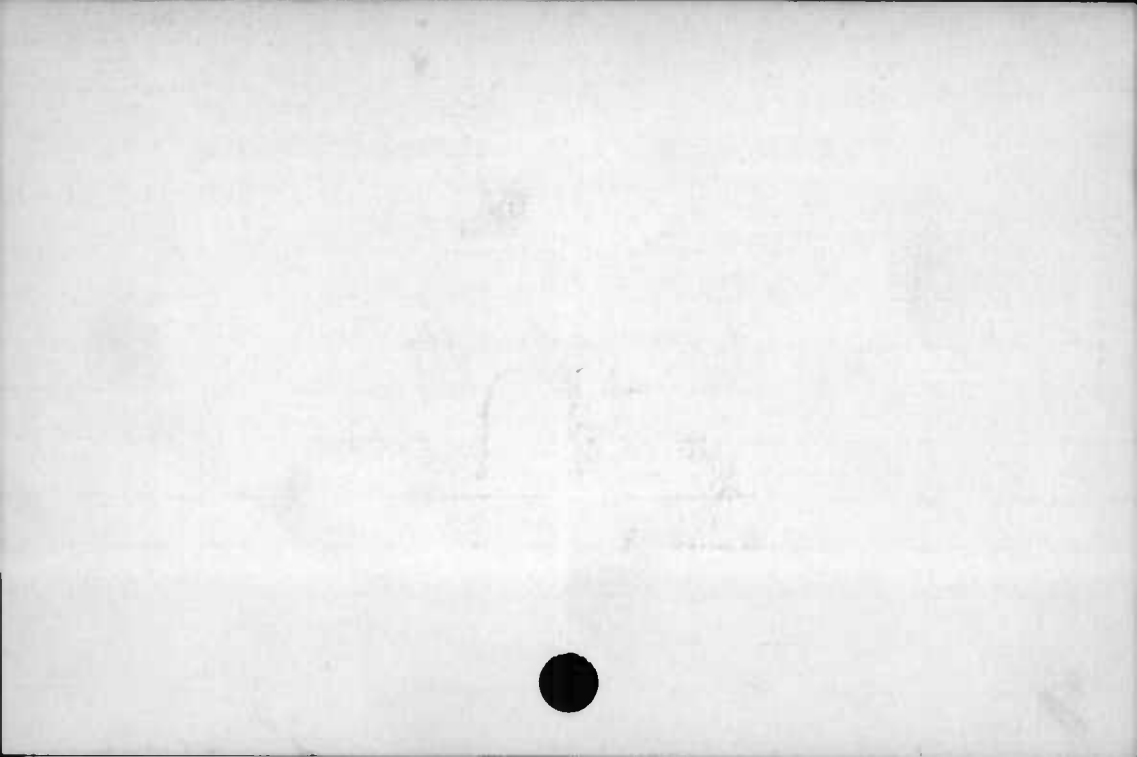
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Spum's Point</i>		Town <i>Bigoski</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	1906	Month	Nov	Day	4	Age	Years
Sex	Male	Color or Race	White	Birth-place		<i>Spum's Point</i>	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Still birth</i>	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		<i>F. C. Eldred</i>	
		Address	
		<i>Spum's Point</i>	
Accident or Suicide?		<i>Med</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Christian Blommer*

Died at *Catonville* <sup>Town</sup> *Balto* <sup>County</sup> **MARYLAND**

Date of death *1906* <sup>Month</sup> *Nov* <sup>Day</sup> *20* <sup>Years</sup> *76* <sup>Months</sup> *3* <sup>Days</sup> *4*

Sex *Male* Color or Race *White* Birthplace *Germany*

Occupation *Black Smith* Where Residing if not at place of death *Inghside Ave*

Married, Single or Widowed ☐ Name of Wife or Husband *Eva Blommer*

Father's Name *—* Father's Birthplace *Germany*

Mother's Maiden Name *Eva Geist* Mother's Birthplace *Germany*

Name of person giving information *Eva Blommer* How related to deceased *Wife*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

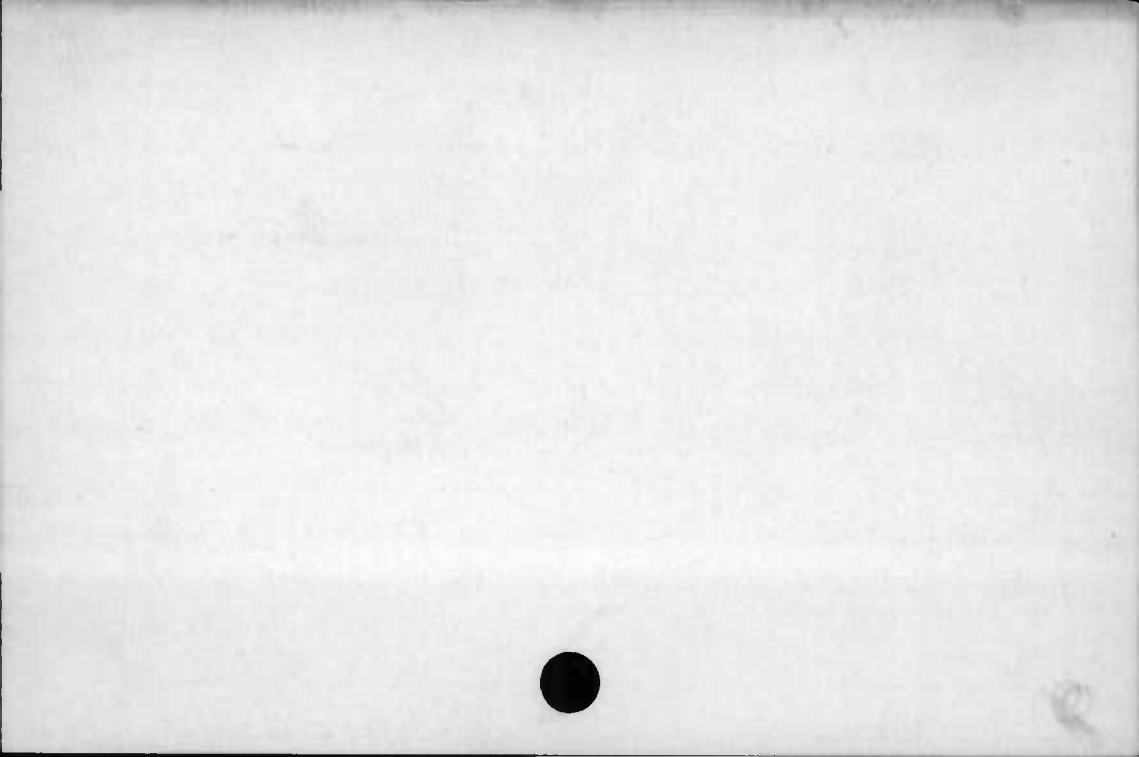
Primary *Right Hemiplegia* **(64)** How long *3 Weeks*

Immediate *Exhaustion* How long *4 Days*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Chas Macgill*

Address *Catonville*

Accident or Suicide? *No*





Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

MARYLAND

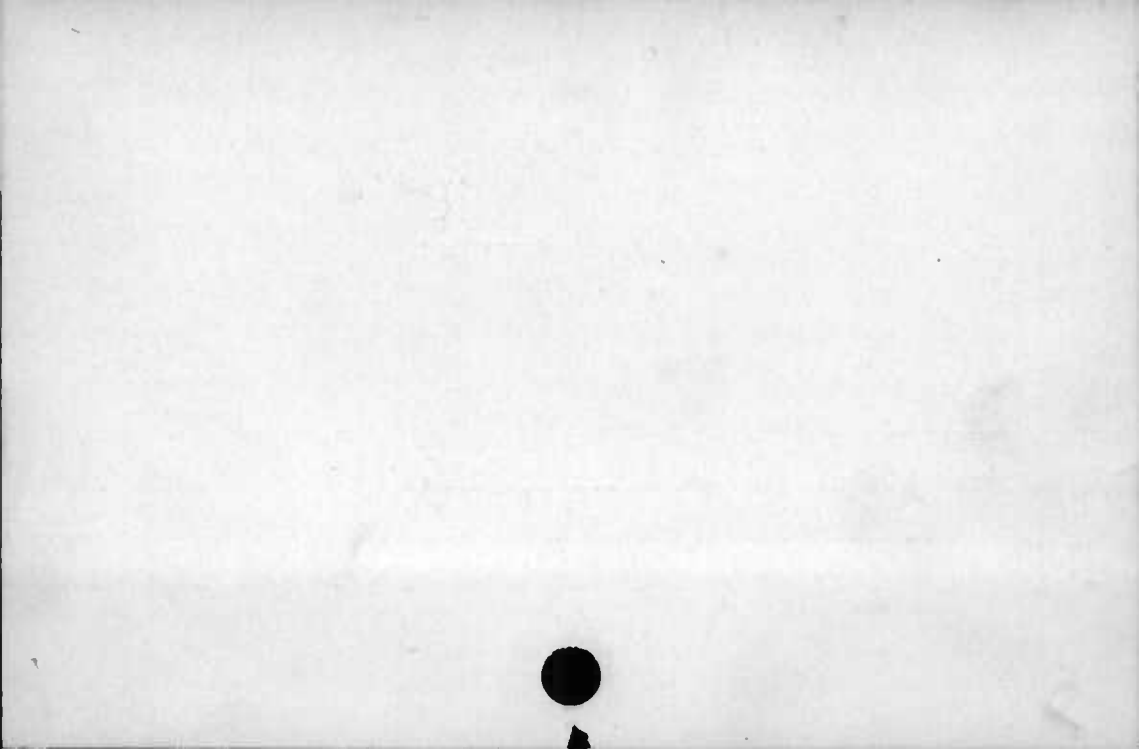
Died at *Catonville Md.*

Date of death 1906 Nov 4 Age 59 Months Days

Sex *Male* Color or Race *white* Birth-place *Ind.*Occupation *Farmer* Where Residing if not at place of death *X*Married, Single or Widowed *Married* Name of Wife or Husband *X*Father's Name *X* Father's Birthplace *X*Mother's Maiden Name *X* Mother's Birthplace *X*Name of person giving information *X* How related to deceased *X*

## CAUSES OF DEATH

Primary *Dissected* How long *20 yrs.*Immediate *Pulmonary Tuberculosis* How long *1 yr.*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *J. H. Wade*Filed 1906 Address *Catonville, Ind.*Accident or Suicide? *No*



Name  
in  
Full

Mrs E. J. Bowling

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Mt Hope Remah<sup>County</sup> Baltimore Co

Date

of death 1906

Month

Nov

Day

5th

Age

Years

58

Months

Unknown

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Unknown

Occupation

Wife of Farmer

Where Residing if not  
at place of deathBryantown Md -  
UnknownMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

Unknown

Father's  
Name

Unknown

Father's  
Birthplace

Unknown

Mother's

Maiden Name

"

Mother's  
Birthplace

"

Name of person giving  
information

Reeds Mt Stone

How related  
to deceased

Not at all

## CAUSES OF DEATH

Primary

Terminal Pneumonia Post Malaria Chron

How long

4 or 5 yrs -

Immediate

Exhaustion

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Frank J. Flannery M.D.

Address

Mt Hope Remah  
Baltimore Co Md.

Accident or Suicide?



18

Name  
in  
Full

Amelia A. Brecht

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>315 Second St.</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death <i>1906</i>	Month <i>November</i>	Day <i>30</i>	Age <i>1</i>	Years	Months <i>7</i>	Days <i>4</i>	
Sex <i>female</i>	Color or Race <i>white</i>		Birthplace <i>Balto. Co.</i>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed <i>infant</i>		Name of Wife or Husband <i>none</i>					
Father's Name <i>Henry F. Brecht</i>				Father's Birthplace <i>Balto</i>			
Mother's Maiden Name <i>Lora Welsch</i>				Mother's Birthplace <i>Balto</i>			
Name of person giving information <i>Henry F. Brecht</i>				How related to deceased <i>father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Intestinal obstruction</i>	How long <i>4 days</i>
Immediate <i>convulsions</i>	How long <i>2.0 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. Schlieder M.D.</i>
	Address <i>344 E. Calumet St. Highlandtown</i>
Accident or Suicide?	

Mr Carmel  
H. Sander & Sons

Name  
in  
Full

## CERTIFICATE OF DEATH

Josephine C Broderick -

MARYLAND

Died at <i>Mt Hope Retreat</i>		Town <i>Baltimore</i>		County	
Date of death <i>1906</i>	Month <i>Nov</i>	Day <i>9th</i>	Age <i>54</i>	Years	Months <i>unknown</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Baltimore -</i>		Days	
Occupation <i>Wife of Policeman -</i>		Where Residing if not at place of death <i>Baltimore Md</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>unknown -</i>				
Father's Name <i>unknown</i>		Father's Birthplace <i>unknown</i>			
Mother's Maiden Name <i>V I</i>		Mother's Birthplace <i>"</i>			
Name of person giving information <i>Recds of Mt Hope Retreat</i>		How related to deceased <i>not at all</i>			

## CAUSES OF DEATH

Primary <i>Melancholia</i>	How long <i>abt 3 mos</i>
Immediate <i>Ex - Sarcoma of Left jaw bone</i>	How long <i>abt 4 mos -</i>

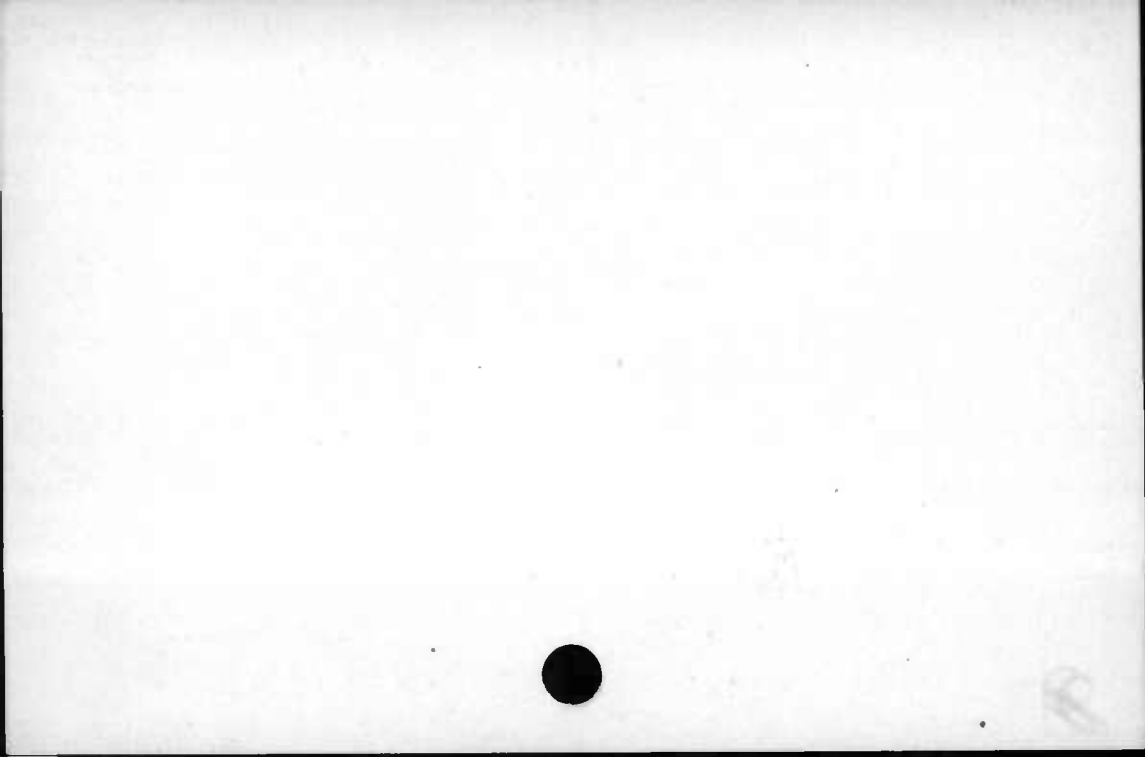
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

*Frank J. Flannery MD*  
*Mt Hope Retreat*  
*Baltimore Md*

Accident or Suicide? */*TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

Mary Brooks

## CERTIFICATE OF DEATH

MARYLAND

Died at Melvale <sup>Town</sup>Baltimore <sup>County</sup>

Date of death 1906 Nov

7<sup>th</sup> Day

Age 17 Years

Months

Days

Sex Female

Color or Race Brown

Birthplace Frederick MD

Occupation Mechan operator

Where Residing if not at place of death Indust Home Melvale

Married, Single or Widowed Single

Name of Wife or Husband

Father's Name Jerry Brooks

Father's Birthplace MD

Mother's Maiden Name Mrs. Unknown

Mother's Birthplace MD

Name of person giving information Mef. M. Moon (Super)

How related to deceased M &amp; all

## CAUSES OF DEATH

Primary Typhoid fever

How long 28 days

Immediate Subacute Pneumonia

How long 4 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician W. Winsey MD

Address 1220 E. Fayette St  
Baltimore

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Industrial Home at  
Melvale. Ballo Co

Nov. 8-06

A S Marshall  
3539 Falls Road

Name  
in  
Full

Emanuel Brown

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Gwynnbrook</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death <i>1906</i>	Month <i>Nov</i>	Day <i>11</i>	Age <i>74</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Balto co Md</i>				
Occupation <i>Farmer</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>widower</i>		Name of Wife or Husband <i>Georanna Brown</i>					
Father's Name <i>Basin Brown</i>		Father's Birthplace <i>Balto co Md</i>					
Mother's Maiden Name <i>Mary Rice</i>		Mother's Birthplace <i>.. ..</i>					
Name of person giving information <i>Louis Brown</i>		(104)		How related to deceased <i>Brother</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Acute Cardiac</i>	How long <i>24 hours</i>
Immediate <i>Paralysis of heart</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. H. Campbell</i>
	Address <i>600 N. 1st St. Baltimore</i>
Accident or Suicide?	



Name  
in  
Full

Sophronia Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Milvale</u> <sup>Town</sup>		<u>Balts</u> <sup>County</sup>		MARYLAND	
Date of death <u>1906</u>	<u>Nov</u> <sup>Month</sup>	<u>16</u> <sup>Day</sup>	<u>15</u> <sup>Years</sup>	<u>  </u> <sup>Months</sup>	<u>  </u> <sup>Days</sup>
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth-place <u>Kent Co Md</u>			
Occupation <u>Machine Operator</u>		Where Residing if not at place of death <u>Industrial Home</u>			
<del>Married</del> , Single		Name of Wife or Husband <u>  </u>			
Father's Name <u>John Brown</u>		Father's Birthplace <u>Not Known</u>			
Mother's Maiden Name <u>Not Known</u>		Mother's Birthplace <u>Not Known</u>			
Name of person giving information <u>Superintendent</u>		How related to deceased <u>We are all</u>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Typhoid Fever</u>	How long <u>Ten days</u>
Immediate <u>Pneumonia</u>	How long <u>Four days</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>W. W. Winsey M.D.</u>
	Address <u>1220 E. Fayette St</u>
Accident or Suicide? <u>  </u>	

Urbana Home -

Nov. 17-02

A. S. Marshall

35-39 Falls Road

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Mary E. Brownell</i>		Town <i>218 Cold Spring Lane Roland Park. Balto Co</i>		County <i>Balto Co</i>		MAYLAND	
Died at <i>218 Cold Spring Lane Roland Park. Balto Co</i>		Date of death <i>1906 Nov. 8</i>		Age <i>23</i>		Months <i>7</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore City</i>			
Occupation <i>House Keeper</i>		Where Residing at place of death <i>218 Cold Spring Lane</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Milton J. Brownell</i>					
Father's Name <i>Robert J. Sullivan</i>		Father's Birthplace <i>Balto Md.</i>					
Mother's Maiden Name <i>Milton J. Brownell</i>		Mother's Birthplace <i>Balto Md.</i>					
Name of person giving information <i>Milton J. Brownell</i>		How related to deceased <i>Husband.</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis of Lung</i>	How long <i>according to history, 9 months</i>
Immediate <i>Laryngeal Tuberculosis</i>	How long <i>20 days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>A. Kelley</i>
	Address <i>3849 Roland Ave</i>
Accident or Suicide? <i>8</i>	

Robert Turner

Brooklyn Ohio st  
Balls Cemetery



Name in Full		Dwight Alta Burns				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Hanover		County Baltimore		MARYLAND
	Date of death	1906	Month Apr	Day 27	Age Years	0	Months 7
							Days 27
	Sex	Female		Color or Race	W. Irish		Birth- place
	Occupation	Home		Where Residing if not at place of death		Hanover Balti. Co. Md	
	Married, Single or Widowed	X		Name of Wife or Husband		X	
	Father's Name	William Burns				Father's Birthplace	Balti. Co. Md
Mother's Maiden Name	Bessie Johnson				Mother's Birthplace	Balti. Co. Md	
Name of person giving In formation	(Mother) Bessie Burns				How related to deceased	Mother	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	W. Hooping Cough				How long	4 weeks
	Immediate	Catarrhal Laryngitis				How long	2 weeks
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
					Address		
Accident or Suicide?				Buckysville Md			

Interments at Poplar  
Cemetery Nov 30.

W. C. Brooks

Name  
in  
Full

Katharina Burz

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Canton</u> <sup>Town</sup>		<u>Baltimore</u> <sup>County</sup>		MARYLAND	
Date of death <u>1906</u>	Month <u>Nov.</u>	Day <u>4</u>	Age <u>85</u>	Months <u>—</u>	Days <u>19</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Germany</u>		
Occupation <u>None</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Widowed</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>George Heck</u>			Father's Birthplace <u>Germany</u>		
Mother's Maiden Name <u>not known</u>			Mother's Birthplace <u>—</u>		
Name of person giving information <u>Frederick Deuchler</u>			How related to deceased <u>A. friend</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Pneumonia</u>	(93)	How long <u>4 days</u>
Immediate <u>Exhaustion</u>		How long <u>1 day</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>W.W. Jones</u>	Address <u>3116 O'Donnell St.</u>
Accident or Suicide? <u>—</u>		

Mr Larned

Name  
in  
Full

Mary G. Cannon

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Governstown</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	1906	Month	nov	Day	3	Years	Age 82
						Months	10
						Days	11
Sex	<i>Female</i>		Color or Race	<i>white</i>		Birth-place	<i>Virginia.</i>
Occupation	<i>none</i>		Where Residing if not at place of death		<i>Governstown.</i>		
<del>Married, Single</del> Widowed		Name of Wife or Husband <i>E. G. Cannon.</i>					
Father's Name	<i>Thomas Smith.</i>					Father's Birthplace	<i>Va</i>
Mother's Maiden Name	<i>Mary Dean.</i>					Mother's Birthplace	<i>do</i>
Name of person giving information	<i>Geo. R. Cannon</i>					How related to deceased	<i>Son</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Chronic Enteritis - Colitis</i>		How long	<i>Several years</i>
Immediate	<i>Malassimilation &amp; Emaciation</i>		How long	<i>3 wks</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes.</i>		
Signature of Physician		<i>Geo. W. Koenig</i>		
Address		<i>St. St. Balto Md.</i>		
Accident or Suicide?		<i>York Road.</i>		

Interment at  
Richmond Va

Undertaken  
Stewart & Mowen Co.  
218 Park ave  
Baltimore  
Md.

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <i>Baynesville</i> <sup>Town</sup>		<i>J. Balto.</i> <sup>County</sup>				
Date of death	<i>1906</i>	Month <i>Nov</i>	Day <i>11</i>	Years <i>62</i>	Months <i>10</i>	Days <i>27</i>
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>Balto. Co</i>				
Occupation <i>Carpenter</i>	Where Residing if not at place of death <i>Baynesville</i>					
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Sarah R. Carter</i>					
Father's Name <i>Uriah Carter</i>	Father's Birthplace <i>ind</i>					
Mother's Maiden Name <i>Filife Corbin</i>	Mother's Birthplace <i>ind</i>					
Name of person giving information <i>Mrs Uriah Carter</i>	How related to deceased <i>wife</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>Two Years</i>
Immediate <i>Heart failure following tuberculosis</i>	How long <i>Three Months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. H. Larned</i>
	Address <i>Torison</i>
Accident or Suicide? <i>2</i>	

John Burns Sons  
Jewellers

Providence M. E.

Cemetery  
B. Allen  
Co.



Name  
in  
Full

Victoria Casavich

CERTIFICATE OF DEATH

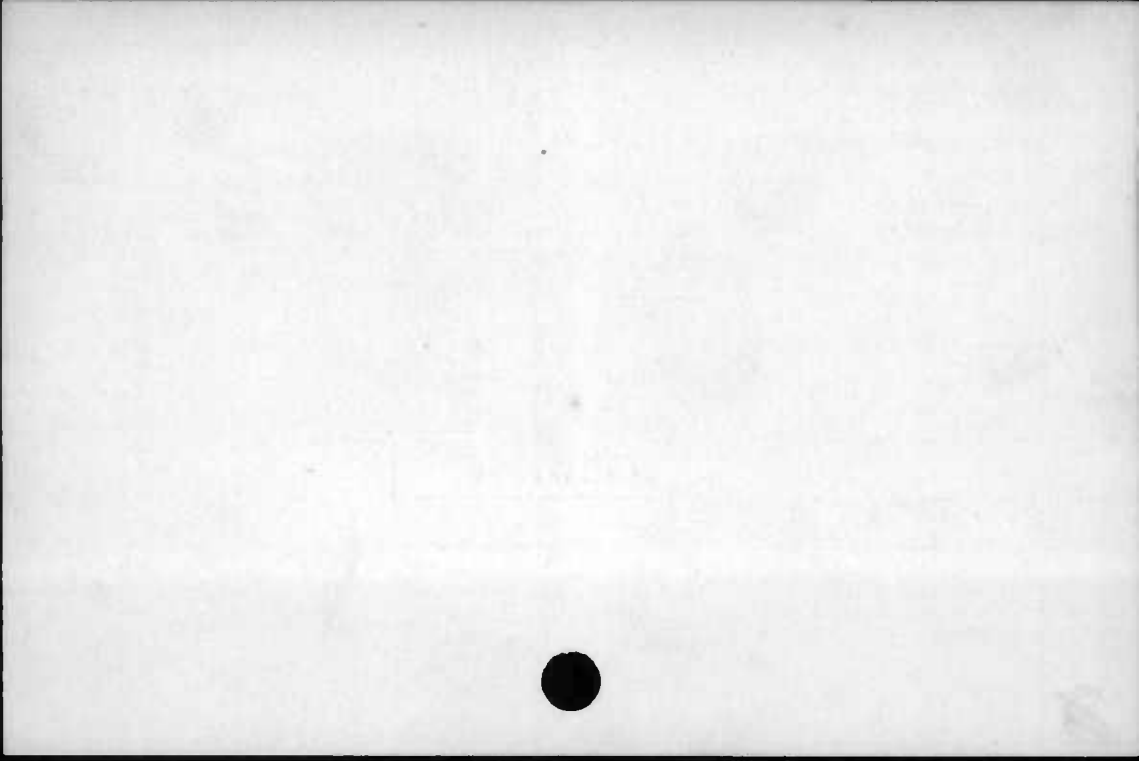
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Todd's Farm</i> <sup>Town</sup>		<i>Belt</i> <sup>County</sup>		MARYLAND	
Date of death	1906	Month	11	Day	30
Sex	<i>Female</i>	Color or Race	<i>white</i>	Birth-place	<i>Palau</i>
Occupation	<i>wife</i>	Where Residing If not at place of death <i>Todd's farm</i>			
Married, Single or Widowed	<i>M.</i>	Name of Wife or Husband <i>for Casavich</i>			
Father's Name	—				Father's Birthplace
Mother's Maiden Name	—				Mother's Birthplace
Name of person giving information	<i>J. B. Todd, Jr.</i>				How related to deceased <i>Nephew</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>diarrhoea</i> (34)	How long	<i>5 weeks</i>
Immediate	<i>Childbirth Exhaustion</i>	How long	<i>3 days</i>
Are the name, age, sex, color, data and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. W. Woodward M.D.</i>
		Address	<i>5 Sparrow Point Md.</i>
Accident or Suicide?			



Name in Full		Elizabeth Staton Cavander				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Lansdowne		County		Baltimore	
	Date of death		1906	Month	Nov.	Day	27	
			Age		Years	61	Months	2
	Sex		Female		Color or Race		White	
	Occupation				Birth-place		Berlin - Md.	
					Where Residing if not at place of death		Worcester Co.	
TO BE ANSWERED BY NEAREST FRIEND	Married, Single or Widowed		Name of Wife or Husband					
			Martin V. Cavander					
	Father's Name		George W. Staton			Father's Birthplace		Md.
	Mother's Maiden Name		Elizabeth Ann Covington			Mother's Birthplace		Md.
	Name of person giving information		Emily Frey,			How related to deceased		Daughter
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Uterine Cancer			How long		14 Months,
	Immediate		Exhaustion			How long		a few days
	Are the name, age, sex, color, date and place correctly given above?			Yes				
	Signature of Physician			Frank H. Ruhl				
	Address			Lansdowne Baltimore Md.				
Accident or Suicide?								



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town <i>Luttrellville</i>		County <i>Chambers</i>		MARYLAND	
Date of death <i>Nov 18 1906</i>	Month <i>Nov</i>	Day <i>18</i>	Years <i>4</i>	Months <i>4</i>	Days <i>4</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Luttrellville Mo</i>		
Occupation <i>✓</i>			Where Residing if not at place of death <i>✓</i>		
Married, Single or Widowed <i>✓</i>		Name of Wife or Husband <i>✓</i>			
Father's Name <i>John K. Chambers</i>			Father's Birthplace <i>Baltimore</i>		
Mother's Maiden Name <i>Emma S. Crow</i>			Mother's Birthplace <i>Va</i>		
Name of person giving information <i>Arthur K. Chambers</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Still born</i>	How long <i>✓</i>
Immediate <i>✓</i>	How long <i>✓</i>
Are the name, age, sex, color, date and place correctly given above? <i>✓</i>	Signature of Physician <i>W. L. Smith</i>
	Address <i>Rider Md</i>
Accident or Suicide? <i>✓</i>	

Joseph Chambers }  
Father

Stoughton Lucas and

Name  
in  
Full

## CERTIFICATE OF DEATH

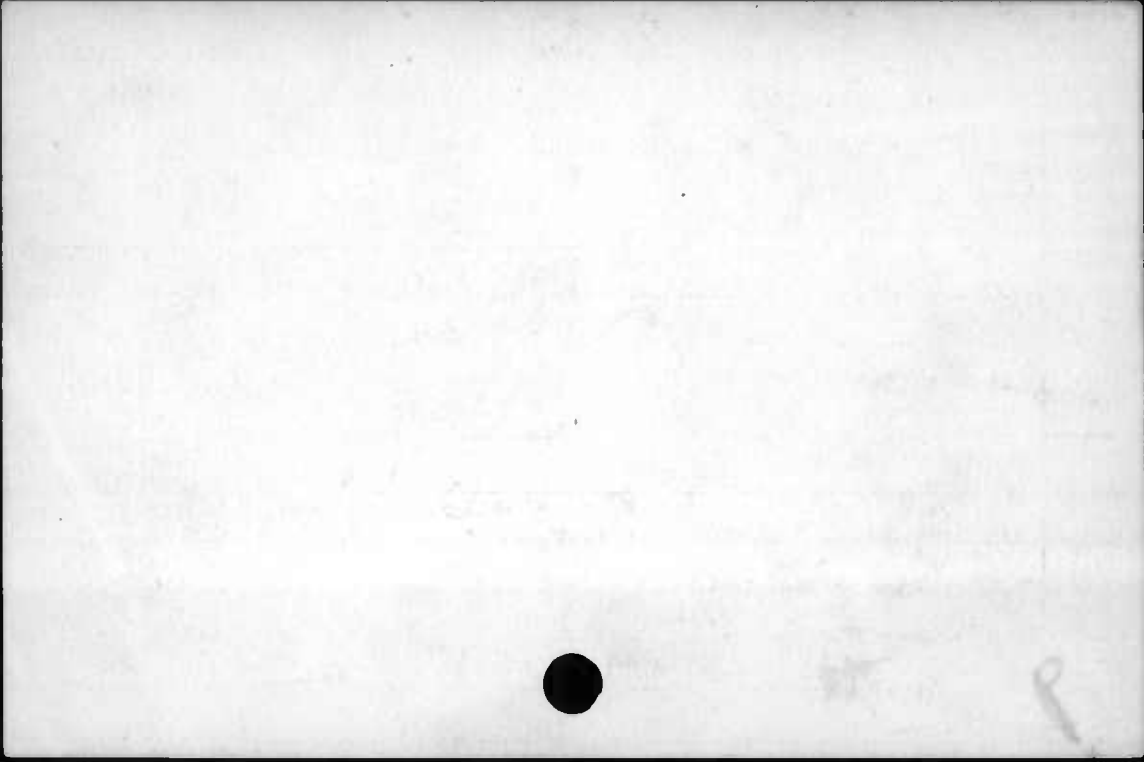
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Fork</i> Town			County <i>13 days</i>			MARYLAND			
Date of death <i>1906</i>		Month <i>10</i>	Day <i>3</i>	Age <i>82</i>		Years		Months	Days
Sex <i>Male</i>			Color or Race			Birth-place <i>Harford Co</i>			
Occupation				Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>			Name of Wife <i>Elizabeth Perme</i>						
Father's Name						Father's Birthplace			
Mother's Maiden Name						Mother's Birthplace			
Name of person giving information <i>Randolph Perme</i>						How related to deceased <i>Son</i>			

## CAUSES OF DEATH

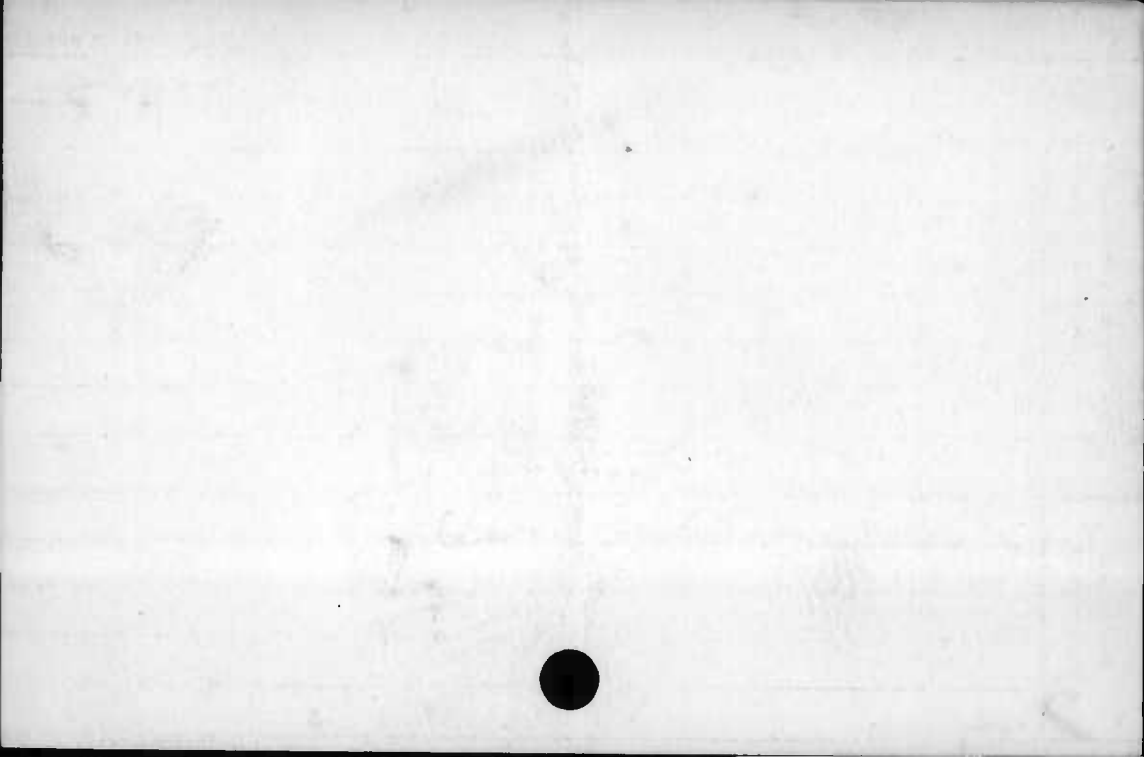
PHYSICIAN  
OR CORONER

Primary	<i>Organic heart disease</i>	How long	<i>Not known</i>
Immediate	<i>Isolation</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>James S. Green</i>	
		Address <i>Wittling</i>	
Accident or Suicide?			





Name in Full <i>Anna M Cole</i>		CERTIFICATE OF DEATH			
Town <i>Trenton</i>		County <i>Baltimore</i>			
Died at <i>Trenton</i>		MARYLAND			
Date of death 190 <i>6</i>	Month <i>Nov</i>	Day <i>29</i>	Age <i>72</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Ind.</i>			
Married, Single or Widowed <i>Married</i>	Occupation <i>Housewife</i>				
Name of Wife or Husband <i>Isabel H Cole</i>					
Father's Name <i>Richard B Fowble</i>				Father's Birthplace <i>Ind.</i>	
Mother's Maiden Name <i>Ruth Murray</i>				Mother's Birthplace <i>Ind.</i>	
Name of person giving information <i>Husband</i>				How related to deceased <i>—</i>	
CAUSES OF DEATH					
Primary <i>Complications</i>		How long <i>Six Months</i>			
Immediate <i>Paralysis</i>		How long <i>2 Days</i>			
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>James H Wilson M.D.</i>			
		Address <i>Fowblesburg Ind.</i>			
Accident or Suicide? <i>—</i>					



Name  
in  
Full

Brother Columbanus.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *St Marys Ind. School* <sup>Town</sup>*Baltimore* <sup>County</sup> CoDate  
of death *1906*Month  
*Nov*Day  
*1*Age *84* <sup>Years</sup>Months  
*—*Days  
*1*Sex *Male*Color or  
Race*white*Birth-  
place*Ireland*

Occupation

*Member of Laverian order*Where Residing if not  
at place of death*as above*Married, Single  
or Widowed*Single*Name of Wife or  
Husband*X*Father's  
Name*unknown*Father's  
Birthplace*Ireland*Mother's  
Maiden Name*unknown*Mother's  
Birthplace*Ireland*Name of person giving  
in formation*At Garton m. w*How related  
to deceased*—*

## CAUSES OF DEATH

Primary

*Chronic Bronchitis*

How long

*Several years*

Immediate

*resulting eye infirmities*

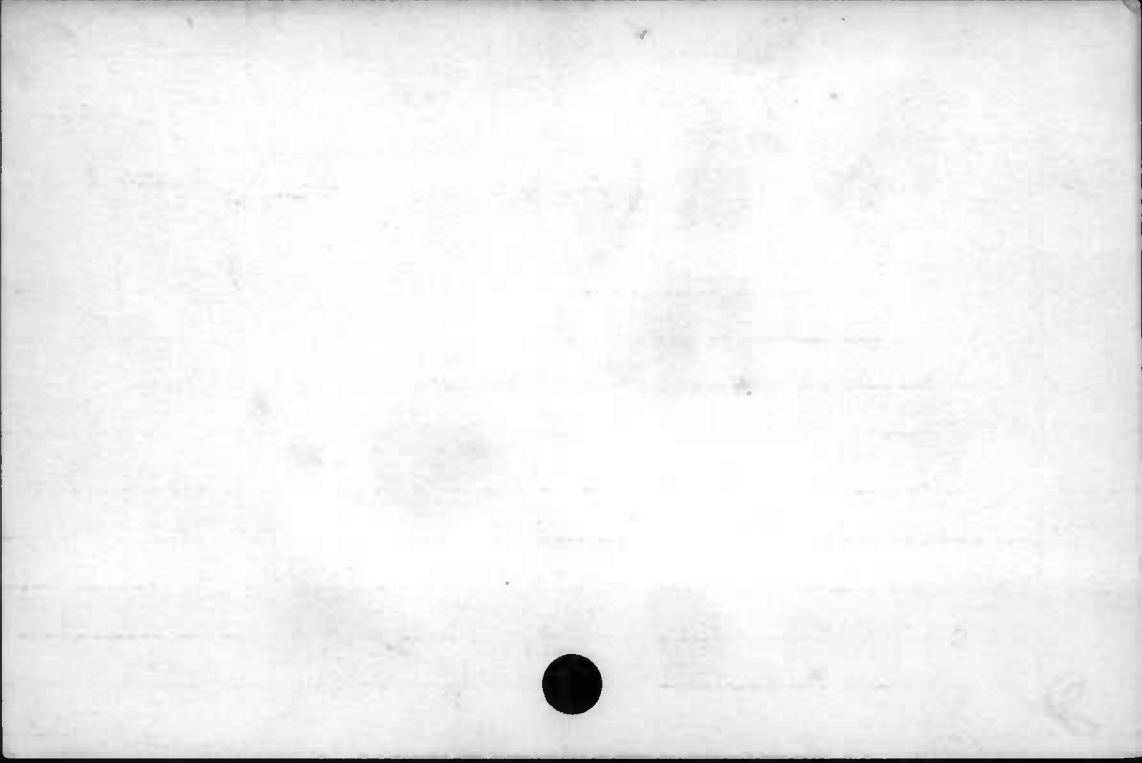
How long

*—*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician*A. A. Garton*

Address

*Attending Physician of School  
1136 W. Lytle St  
Baltimore*

Accident or Suicide?



Name

in  
Full

## CERTIFICATE OF DEATH

Mr. J. A. Cooney

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Pikesville		County Baltimore		MARYLAND	
Date of death	1906	Month 11	Day 1	Age	31	Months 2	Days
Sex	Male		Color or Race	White		Birth- place	Cincinnati, Ohio
Occupation	Housewife			Where Residing if not at place of death		Pikesville Md.	
Married, <del>single</del> <del>widowed</del>	Name of <del>Wife</del> or Husband			John W. Cooney			
Father's Name	Harry Hoff					Father's Birthplace	Germany
Mother's Maiden Name						Mother's Birthplace	"
Name of person giving information	John W. Cooney					How related to deceased	Harvard

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Phthisis - Pulmonalis	How long	Don't know
Immediate	the above & pleurisy	How long	" "
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	W. E. M.
yes		Address	Pikesville Md.
Accident or Suicide?			

Crooks -

Dr. R. R. R.

Name in Full		Munnie Cook				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Melroe</u>		County <u>Boyle</u>		MARYLAND	
		Date of death <u>1906</u>	Month <u>Nov</u>	Day <u>23</u>	Age <u>14</u>	Months <u>—</u>	Days <u>—</u>
		Sex <u>Female</u>	Color or Race <u>Caucasian</u>		Birth-place <u>Maryland</u>		
		Occupation <u>None</u>	Where Residing if not at place of death <u>Industrial Home</u>				
		<del>Married</del> Single <u>Single</u>	Name of Wife or Husband <u>—</u>				
		Father's Name <u>Not Known</u>		Father's Birthplace <u>—</u>			
		Mother's Maiden Name <u>Not Known</u>		Mother's Birthplace <u>—</u>			
		Name of person giving information <u>Superintendent</u>		How related to deceased <u>—</u>			
		CAUSES OF DEATH <u>11</u>					
PHYSICIAN OR CORONER		Primary <u>Pulmonary Tuberculosis</u>		How long <u>One Year</u>			
		Immediate <u>Intestinal Hemorrhage</u>		How long <u>—</u>			
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>W. W. Insey M.D.</u>			
				Address <u>1220 E. Fay St. S.</u>			
		Accident or Suicide?					

Melvale Hamn.

Melvale

Nov 24-06

A S Marshall

35-39 Fall Road

City-



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Mt Hope Retreat</i>		County <i>Baltimore</i>		TOWN <i>Baltimore</i>	
Date of death <i>1906</i>		Month <i>Nov</i>	Day <i>19</i>	Age <i>40</i>	Years <i>Months</i> <i>Days</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place			
Occupation <i>None</i>	Where Residing if not at place of death <i>Baltimore</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Unknown</i>				
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>"</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Reed, Mt Hope</i>	How related to deceased <i>not at all</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Melancholia</i>	<i>61</i>	How long <i>5 or 6 wks</i>
Immediate <i>Cardiac Paralysis</i>		How long <i>Sudden</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank J. Flannery MD</i>	Address <i>Mt Hope Retreat Baltimore Co Md</i>
Accident or Suicide?		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name Nathaniel Cooper Town Madal River County Balt

Died at Madal River Balt

Date of death 1906 Nov 29 Age — Months — Days 17

Sex Female Color or Race colored Birth-place md

Occupation — Where Residing if not at place of death —

Married, Single  
or WidowedName of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
In formationHow related  
to deceased

## CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Accident or Suicide?

Sharp & Co

1

Name  
In  
Full

Dead born child Quintina + Annie Groe

CERTIFICATE OF DEATH

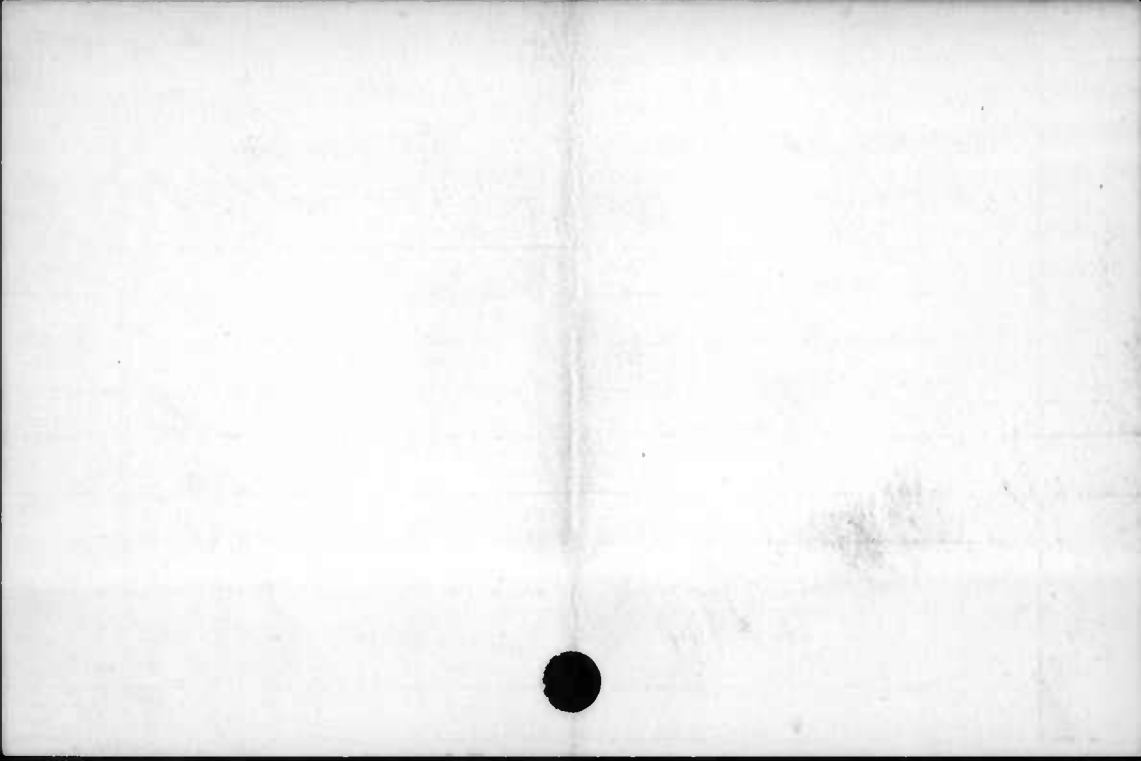
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Hudsonston		County Baltimore		MARYLAND	
Date of death		1906	Month Nov	Day 29 <sup>th</sup>	Age	Years	Months Days
Sex		male		Color or Race		white	
Occupation		-		Where Residing if not at place of death		-	
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Quintina Groe -				Father's Birthplace	
Mother's Maiden Name		Annie Beh				Mother's Birthplace	
Name of person giving information		J. Atten				How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Premature Birth	How long	-
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
		2. Hudson St. E. 4th	
Accident or Suicide?			



Name  
in  
Full

*Lillian C Crum*

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at *Fullerton*

Date

Month

Day

Years

Months

Days

of death *1906 Dec. 1*

Age

*2*

Sex

*Female*

Color or  
Race

*white*

Birth-  
place

*X*

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

*Lena and Geo T Crum*

Father's  
Name

*Geo T Crum*

Father's  
Birthplace

*Balto Md*

Mother's  
Maiden Name

*Lena*

Mother's  
Birthplace

Name of person giving  
In formation

*Geo T Crum*

How related  
to deceased

*Father*

CAUSES OF DEATH

Primary

*Paralysis - Bronchitis Acute - Pneumonia Several weeks.*

How long

Immediate

*Weakness (Failure of Vital Forces)*

How long

*Several days.*

Are the name, age, sex, color, date  
and place correctly given above?

*yes -*

Signature of  
Physician

*Leigand J. Whitford*

Address

*Fullerton, Md*

*to best of my knowledge.*

Accident or Suicide?

*\_\_\_\_\_*

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

67. B. Thicket



Name  
in  
Full

## CERTIFICATE OF DEATH

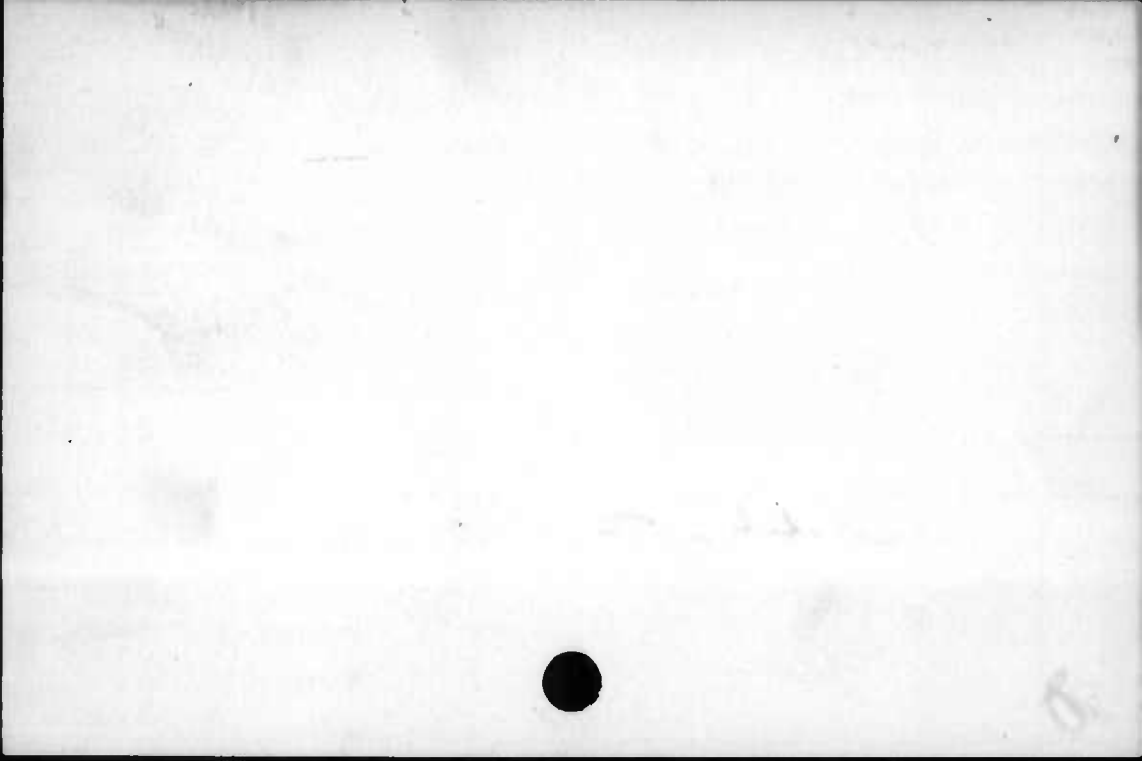
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Miss Gertrude de Monteiro</i>		Town <i>Sudbrook Park</i>		County <i>Baltimore</i>		MAYLAND	
Died at <i>Sudbrook Park</i>		Date of death 1906		Month <i>Nov</i>		Day <i>26</i>	
Sex <i>female</i>		Color or Race <i>white</i>		Age <i>94</i>		Years <i>3</i>	
Occupation _____		Birth-place <i>Baltimore City</i>		Where Residing if not at place of death <i>Sudbrook Park</i>		Months <i>12</i>	
Married, Single or Widowed _____		Name of Wife or Husband _____		Father's Name _____		Father's Birthplace _____	
Mother's Maiden Name _____		Mother's Birthplace _____		Name of person giving information <i>Mrs Wm Howard</i>		How related to deceased <i>Fried</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Senility</i>	How long <i>154</i>
Immediate <i>Exhaustion</i>	How long _____
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Wm Louis Taylor</i>
	Address <i>Pikesville</i>
Accident or Suicide?	<i>md</i>



Name  
in  
Full

Herman Denker

## CERTIFICATE OF DEATH

Died at Canton <sup>Town</sup>Balto. <sup>County</sup>

MARYLAND

Date of death 1906 <sup>Month</sup> Nov.3. <sup>Day</sup>52 <sup>Years</sup> Age9 <sup>Months</sup>21 <sup>Days</sup>Sex MaleColor or Race WhiteBirth-place GermanyOccupation ShoemakerWhere Residing if not at place of death 13 O'Donnell St.Married, Single or Widowed MarriedName of Wife or Anna DenkerFather's Name Detrick DenkerFather's Birthplace GermanyMother's Maiden Name Pauline PaustMother's Birthplace ..Name of person giving information (wife) Anna DenkerHow related to deceased Wife

## CAUSES OF DEATH

Primary

Tuberculosis -

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Yes -J. Edward Smith M.D.  
528 Howard St.  
Baltimore Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER  
X

Nov. 6-1906,

Baltimore Cemetery

Gübler + Gübler

1739 E. Eager St.

ne  
in  
Full

Carolina Deuringer

CERTIFICATE OF DEATH

MARYLAND

Died at <sup>Town</sup> Stiglandtown <sup>County</sup> Balto

Date of death 1906 <sup>Month</sup> 11 <sup>Day</sup> 21 <sup>Years</sup> 59 <sup>Months</sup> 10 <sup>Days</sup> 7

Sex Female Color or Race White Birth-place Germany

Occupation Housework Where Residing if not at place of death —

Married, Single or Widowed Widow Name of Wife or Husband —

Father's Name Frang Matz Father's Birthplace Germany

Mother's Maiden Name Unknown Mother's Birthplace u

Name of person giving information Emma Deuringer How related to deceased Daughter

CAUSES OF DEATH

Primary Uterine Carcinoma 42 How long year  
Immediate Exhaustion How long few months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Dr. F. A. Glantz  
Address 41 Eastern Ave.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

A. Fink

Name

in  
Full

John Southern Dorsey

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Raspsberg</i> <small>Town</small>		<i>Balto.</i> <small>County</small>		MARYLAND	
Date of death	<i>1906</i> <small>Month</small>	<i>Nov.</i> <small>Day</small>	<i>17</i> <small>Years</small>	<i>45</i> <small>Months</small>	<i>eleven</i> <small>Days</small>
Sex	<i>male</i>	Color or Race	<i>white</i>	Birth-place	<i>Baltimore Md.</i>
Occupation	<i>manager</i>		Where Residing if not at place of death <input checked="" type="checkbox"/>		
Married, Single or Widowed	<i>married</i>	Name of Wife or Husband	<i>Helen A. Dorsey</i>		
Father's Name	<i>Joseph S. Dorsey</i>			Father's Birthplace	<i>Baltimore</i>
Mother's Maiden Name	<i>Amanda F. Mitchell</i>			Mother's Birthplace	<i>Csary Co. Va.</i>
Name of person giving information	<i>Mrs Wm. C. Harden</i>			How related to deceased	<i>Sister</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Bright's Disease</i>	How long	<i>120</i>
Immediate	<i>Phenamine Poisoning</i>	How long	<i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Joseph B. Webster M.D.</i>	
		Address <i>Raspsburg Md</i>	
Accident or Suicide? <input checked="" type="checkbox"/>			

Entenament

London Pk. Cent

Geo W. Grammer  
undertaken



Name  
In  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Ruth R. Doughton

Died at *Warren* TownCounty *Bath*

MARYLAND

Date of death *1906* *Mr.* MonthDay *17*Age *68* Years

Months

Days

Sex *female*

Color or Race

*white*

Birth-place

*Warren Md*

Occupation

*domestic*

Where Residing if not at place of death

Married, Single or Widowed

*Widow*

Name of Wife or Husband

*Joseph L Doughton*

Father's Name

*L. E. Duell*

Father's Birthplace

*Warren*

Mother's Maiden Name

*Ruth R. Duell*

Mother's Birthplace

*Warren*

Name of person giving information

*Mrs Ennis*

How related to deceased

*Daughter*

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary

*Chronic Bright Disease*

How long

*Several months*

Immediate

*Convulsion*

How long

Are the name, age, sex, color, date and place correctly given above?

*Yes*

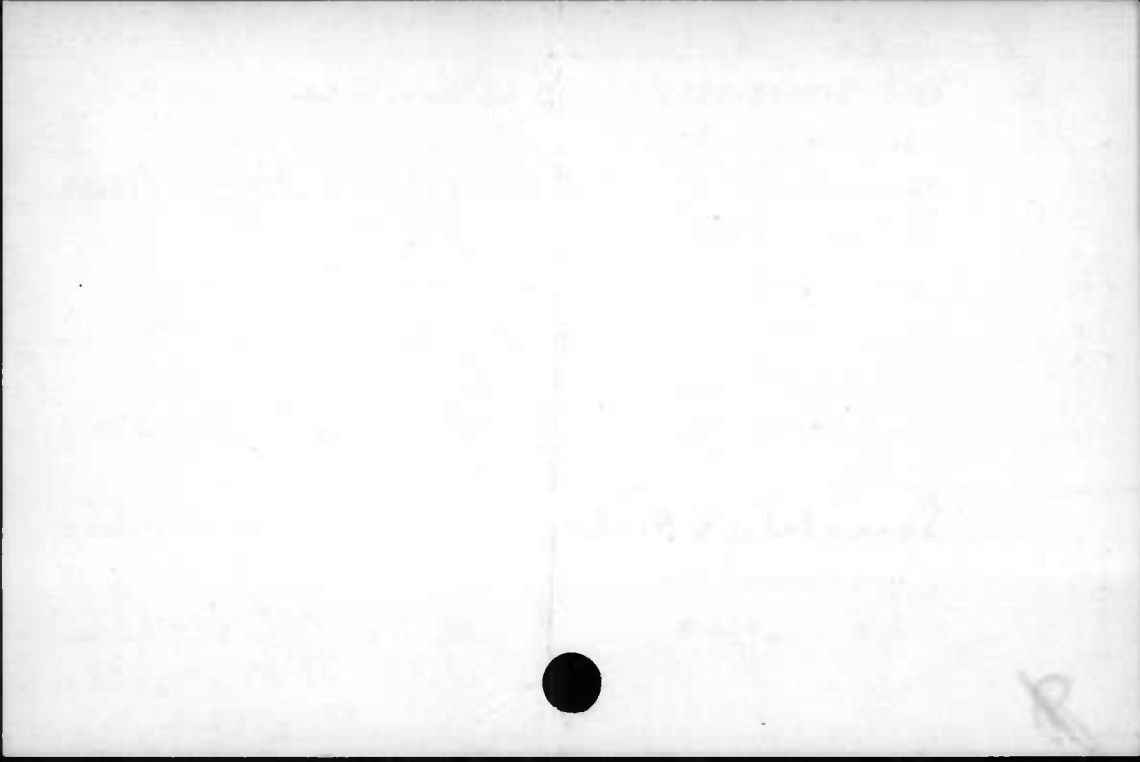
Signature of Physician

*B. H. Burrey*

Address

*See as Md. J*

Accident or Suicide?



Name in Full		James Pannery				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town	County		MARYLAND	
	Date of death		1906	Month	Nov.	Day	27
	Age		70		Years	Months	Days
	Sex	male	Color or Race	colored		Birth-place	Hagerstown.
	Occupation	Steamster		Where Residing if not at place of death		I	
	Married, Single or Widowed	married		Name of Wife or Husband		Lucy Pannery	
	Father's Name	—		Father's Birthplace		I	
	Mother's Maiden Name	—		Mother's Birthplace		—	
Name of person giving information		Henry Blackburn		How related to deceased		Step son	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: center;">(93)</div>							
PHYSICIAN OR CORONER	Primary	Senility & Cardiac Asthma				How long	6 months
	Immediate	Pneumonia				How long	4 days
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
					Address		
					mt warras. Md.		
Accident or Suicide?							

Gen. Hooper

Mt Auburn

Amelia

Name  
in  
Full

William Duntz

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Brook Hall</u>		Town <u>Baltimore</u>		County <u>Baltimore</u>		STATE <u>MARYLAND</u>	
Date of death 190	<u>6</u>	Month <u>Nov</u>	Day <u>7</u>	Age <u>74</u>	Years	Months	Days
Sex <u>male</u>	Color or Race <u>white</u>		Birth-place				
Married, <u>Single</u> or <u>Widowed</u>				Occupation <u>Retired</u>			
Name of Wife <u>Amie E. Duntz</u>							
Father's Name				Father's Birthplace			
Mother's Maiden Name <u>Mary Duntz</u>				Mother's Birthplace			
Name of person giving information <u>Mrs. Amie E. Duntz</u>				How related to deceased <u>wife</u>			

## CAUSES OF DEATH

Primary	<u>Organic heart disease</u>	How long	<u>Not Known</u>
Immediate	<u>"</u>	How long	<u>Not Known</u>

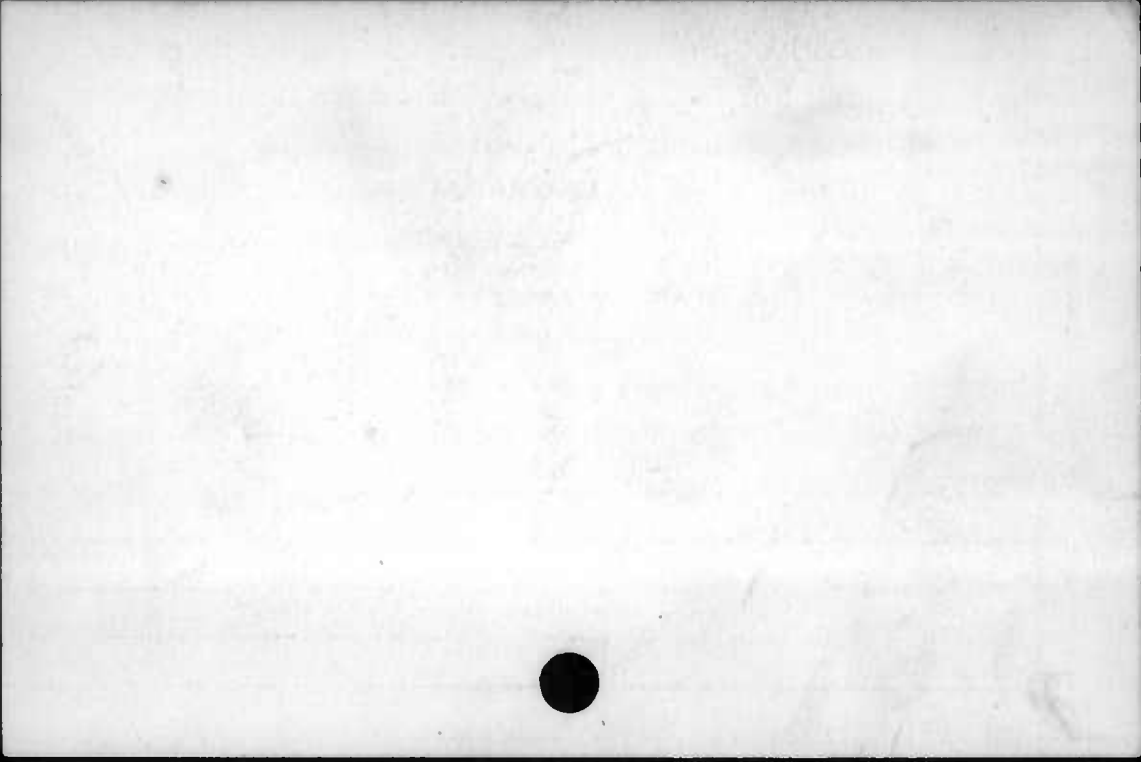
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. M. S. Shoen  
Shoen, Pittsburg

Accident or Suicide?



Name  
in  
Full

Leticia Edwards

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at 1011 <sup>Town</sup> Baltimore <sup>County</sup> Baltimore Co. **MARYLAND**

Date of death 1906 <sup>Month</sup> 11 <sup>Day</sup> 11 <sup>Years</sup> 41 <sup>Months</sup>  <sup>Days</sup>

Sex Female Color or Race Colored Birth-place Va

Occupation Domestic Where Residing if not at place of death Acquaintance

Married, Single or Widowed Married Name of Wife or Husband James Edwards

Father's Name Samuel Gaudin Father's Birthplace Va.

Mother's Maiden Name Unknown Mother's Birthplace Va.

Name of person giving information James Edwards How related to deceased Husband

## CAUSES OF DEATH

Primary Acute Nephritis 119 How long About 6 weeks

Immediate Uraemia How long About a week

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Roll 9 Church  
424 - East 23 St.

Accident or Suicide?

montsion young town

A. B. Pye

102 E. Mulberry St



Name  
in  
Full

Mary Ann. Edwards.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Pherwood</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death	<i>1906</i>	Month	<i>Nov</i>	Day	<i>17<sup>th</sup></i>
Age		<i>76</i>		Months	<i>—</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Occupation	<i>House-wife</i>		Birth-place	<i>Harford County</i>	
Where Residing if not at place of death					
Married, Single or Widowed	<i>—</i>		Name of Wife or Husband	<i>Charles Edwards</i>	
Father's Name	<i>—</i>		Father's Birthplace	<i>—</i>	
Mother's Maiden Name	<i>Mary Ackers.</i>		Mother's Birthplace	<i>—</i>	
Name of person giving information	<i>William O. Edwards</i>		How related to deceased	<i>Son.</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Old age.</i>	How long	<i>123</i>
Immediate	<i>Apt. with Accompanying Brights</i>	How long	<i>Four weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>H. B. Stevenson</i>
		Address	<i>Rider. P. O.</i>
			<i>Balto. Co. Md.</i>
Accident or Suicide?	<i>8</i>		

G. F. Walker

723. N Lafayette Ave  
Balto. Md

Co. Western Cemetery

Name  
in  
Full

Henry Ehler

11/3/15

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Bayview		Baltimore		MARYLAND	
Date of death		1906	Nov.	16	Age	54	
Sex		Male		Color or Race		White	
Occupation		Painter		Where Residing if not at place of death		Baltimore City	
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information		Lamar Holiday		How related to deceased		None	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Swit Dural Hemorrhage	How long	About 36 hrs
Immediate	Wound of Lungs & Bronchi pneumonia about 24 hrs	How long	About 24 hrs
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	David A. Thompson
		Address	1500 Highland Ave.
Accident or Suicide?	Accident		Baltimore Co Md

Burial at Western  
Cemetery.

Nov 18/06. —

Wm Cook  
502 E. Ninth Ave.

Name  
in  
Full

Marie D. Ehlers.

## CERTIFICATE OF DEATH

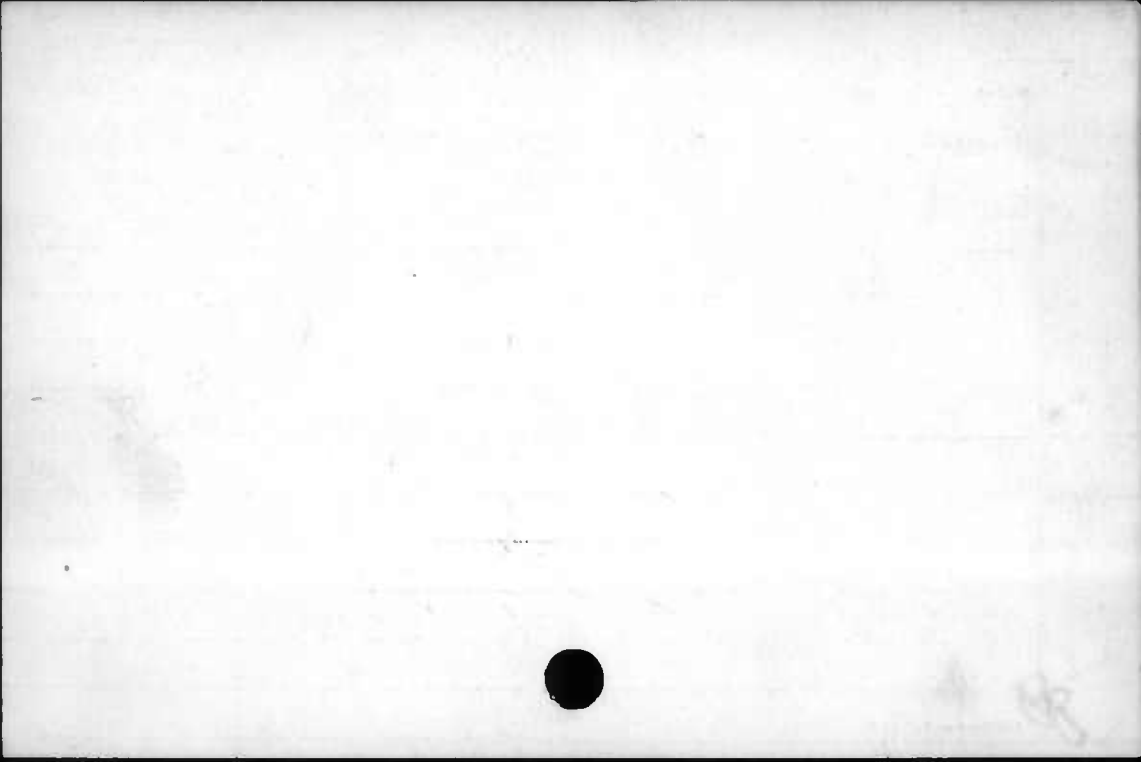
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Middle River		Balto. Co.		MARYLAND	
Date of death	1906	Month	Nov.	Day	9	Age	84 yrs 11
Sex	Female		Color or Race	White		Birth-place	Germany
Occupation	—			Where Residing if not at place of death			
Married, Single or Widowed		Widow		Name of Wife or Husband			
Father's Name		Don't Know				Father's Birthplace	
Mother's Maiden Name		Don't Know				Mother's Birthplace	
Name of person giving information		Wm. L. Smith				How related to deceased	
						Son in Law	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Old age	How long	Some years
Immediate	Extreme debility	How long	3 Months
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Arthur P. Landrum M.D.
		Address	721 Columbia Ave.
Accident or Suicide?			



Name  
In  
Full

CERTIFICATE OF DEATH

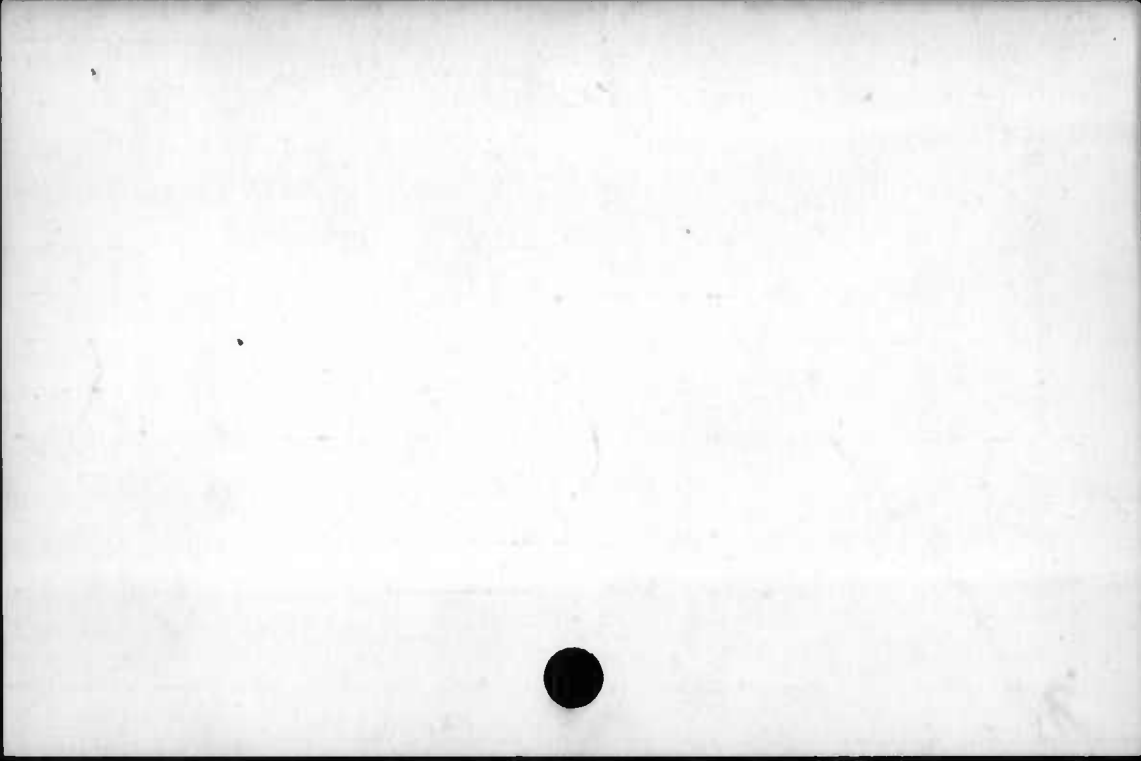
TO BE ANSWERED BY  
NEAREST FRIEND

Died <del>at</del> near <i>Alberton</i>		Town <i>Alberton</i>		County <i>Fisher</i>		State <i>MARYLAND</i>	
Date of death <i>1906</i>	Month <i>Nov.</i>	Day <i>21</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>2</i>	
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Baltimore Co., Md.</i>				
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>				
Father's Name <i>George Fisher</i>			Father's Birthplace <i>Ridgewille Md.</i>				
Mother's Maiden Name <i>Elsie Hamilton</i>			Mother's Birthplace <i>Fredrick, Md.</i>				
Name of person giving information <i>Elsie Fisher</i>			How related to deceased <i>Mother</i>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Premature Birth</i>	How long <i>151</i>	How long <i>7th Month.</i>
Immediate <i>Starvation</i>	How long <i>2 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm B Lambill</i>	
	Address <i>Alberton, Md.</i>	
Accident or Suicide? <i>8</i>		





Name  
in  
Full

Infant Ford

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Ashland <sup>County</sup> Balto.

Date of death 1906 Month 11 Day 25 Age Years Months 2 Days

Sex Male Color or Race White Birth-place Ashland.

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

John Ford

Father's  
Birthplace

Ind

Mother's  
Maiden Name

Jennie Barrett.

Mother's  
Birthplace

Ind

Name of person giving  
Information

Jennie Ford

How related  
to deceased

Mother.

## CAUSES OF DEATH

Primary

Convulsions

How long

Immediate

Coma

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes -

Signature of  
Physician

Wilmer C. Emerson, D.

Address

Cockeysville

Ind.

Accident or Suicide?

To B. B. B. B.

By Ernest & Price  
Poplar Mountain

Name in Full		CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND	
	Date of death		1906	Month	Nov.	Day	6	Age
	Sex		Female		Color or Race		White	Years
	Occupation		Housewife		Where Residing if not at place of death		Butter Md	Months
	Married, Single or Widowed		Married		Name of Wife or Husband		Widow of Joseph M. Fowble	Days
	Father's Name		Joshua Kemp		Father's Birthplace		Butter Md	
	Mother's Maiden Name		Angeline Sigmond		Mother's Birthplace		Garroll Co Md	
	Name of person giving information		Mrs Peter Fowble		How related to deceased		Daughter in law	
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		General debility of Age				How long	
	Immediate		General debility of Age				How long	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		J. H. Drash Md	
					Address		Butter Md	
	Accident or Suicide?							

Interment at Black  
Rock Cemetery  
Thursday Nov. 8

W. C. Brooks

Name  
In  
Full

Ella Maude France

## CERTIFICATE OF DEATH

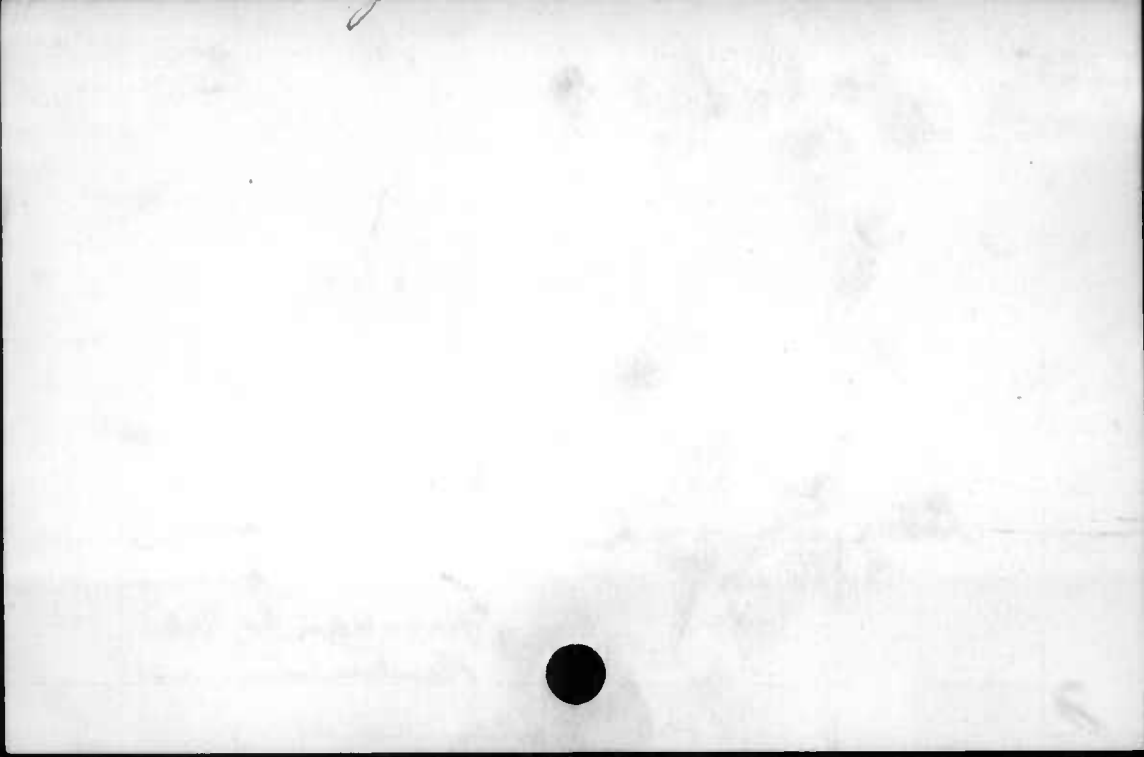
TO BE ANSWERED BY  
NEAREST FRIEND

Died <sup>man</sup> <i>Alberton</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death	1906	Month	Nov	Day	30
		Years	44	Months	4
		Days	28		
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Occupation			Birth-place	<i>Balt. Co., Md.</i>	
			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
<i>Single</i>					
Father's Name	<i>James Henry France</i>			Father's Birthplace	<i>Md.</i>
Mother's Maiden Name	<i>Lydia Ella Lilly</i>			Mother's Birthplace	<i>Va.</i>
Name of person giving information	<i>Lydia E. France</i>			How related to deceased	<i>Mother</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Burns</i>	How long	
Immediate	<i>Shock</i>	How long	<i>20 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>W. B. Gambrell,</i>
		Address	<i>Alberton, Md.</i>
Accident or Suicide?			



Name  
in  
Full

Martha Franklin

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> Reisterstown<sup>County</sup> Balto

MARYLAND

Date of death 1906

Month Nov

Day 26

Age 48

Years

Months

Days

Sex Female

Color or Race Colored

Birth-place Balto., Co. Md.

Occupation House wife

Where Residing if not at place of death

Married, Single or Widowed married

Name of Wife or Husband Jarrett Franklin

Father's Name Jacob Barry

Father's Birthplace Balto., Co. Md.

Mother's Maiden Name Eliza Barry

Mother's Birthplace " " "

Name of person giving information Jarrett Franklin

How related to deceased Husband

## CAUSES OF DEATH

Primary Lobar Pneumonia

(93)

How long 4 days

Immediate Exhaustion

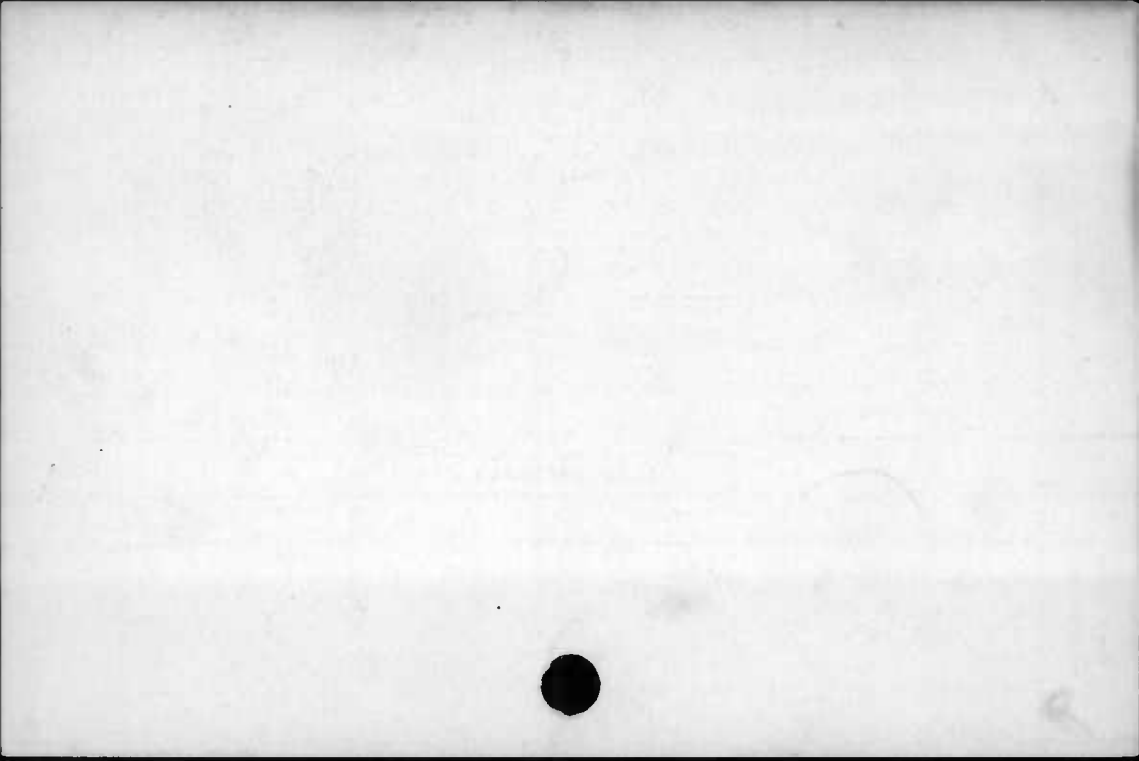
How long 4 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Franklin D. Erb.

Address Reisterstown Md.

Accident or Suicide?





Name  
in  
Full

William A. T. Franz

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

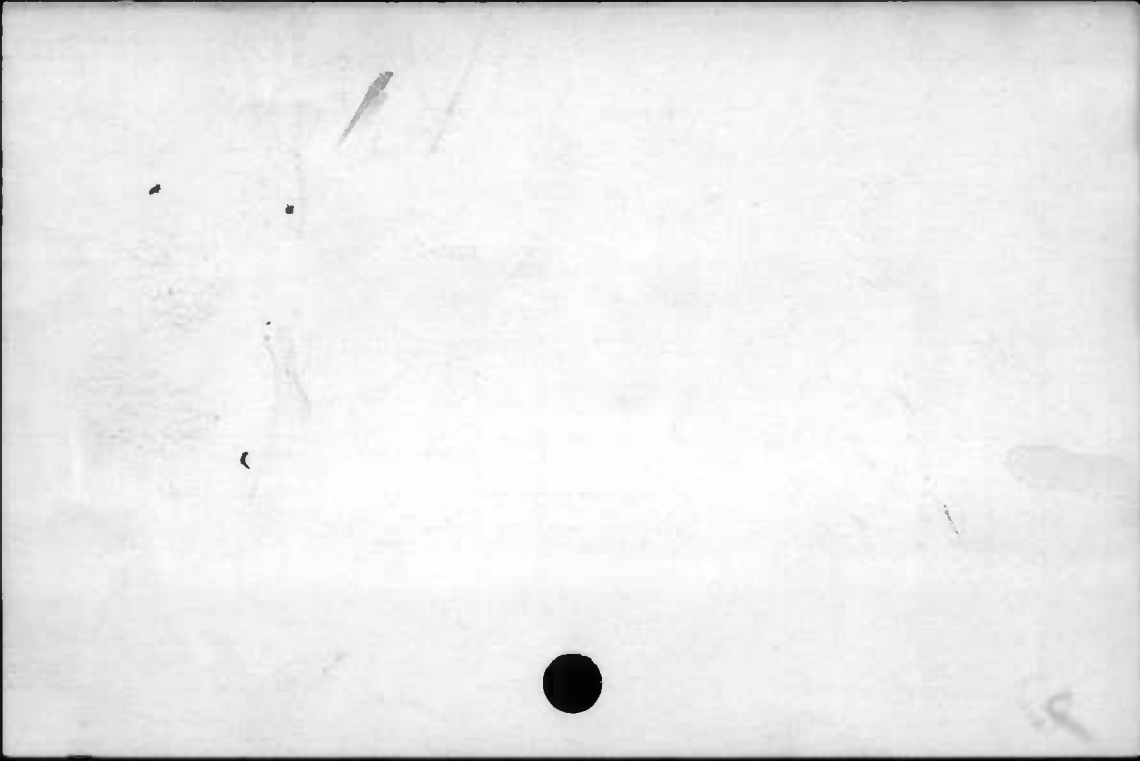
MARYLAND

Died at		Town <i>Westport</i>		County <i>Balto</i>			
Date of death		Month	Day	Years	Months	Days	
1906		11	1st	Age 38			
Sex	<i>Male</i>		Color or Race	<i>white</i>		Birth-place	<i>Md</i>
Occupation	<i>Labourer</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Single</i>			Name of Wife or Husband			
Father's Name						Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information	<i>George Restler</i>					How related to deceased	<i>Cousin</i>

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Ballistic Effects of</i>	How long	<i>Immediate</i>
Immediate	<i>Heart failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>August W. Miller</i>	
		Address	
		<i>Mr. Winans</i>	
		<i>Balto Co. Md</i>	
Accident or Suicide?			



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Gardenville</i> Town <i>Bulth</i> County		MARYLAND	
Date of death <i>1906</i>	Month <i>Nov.</i>	Day <i>3</i>	Age <i>3</i> Years Months <i>3</i> Days <i>hours</i>
Sex <i>male</i>	Color or Race <i>white</i>	Birth place <i>Gardenville</i>	
Occupation <i></i>		Where Residing if not at place of death <i></i>	
Married, Single or Widowed <i></i>	Name of Wife or Husband <i></i>		
Father's Name <i>Hermon Garcka</i>	Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Maggie Bauer</i>	Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Hermon Garcka</i>	How related to deceased <i></i>		

PHYSICIAN  
OR CORONER

CAUSES OF DEATH	
Primary <i>Exhaustion</i>	How long <i>179</i>
Immediate <i>yes</i>	How long <i></i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Wm D Corse</i>
	Address <i></i>
Accident or Suicide?	



Name  
in  
Full

Thos. Gilooly

## CERTIFICATE OF DEATH

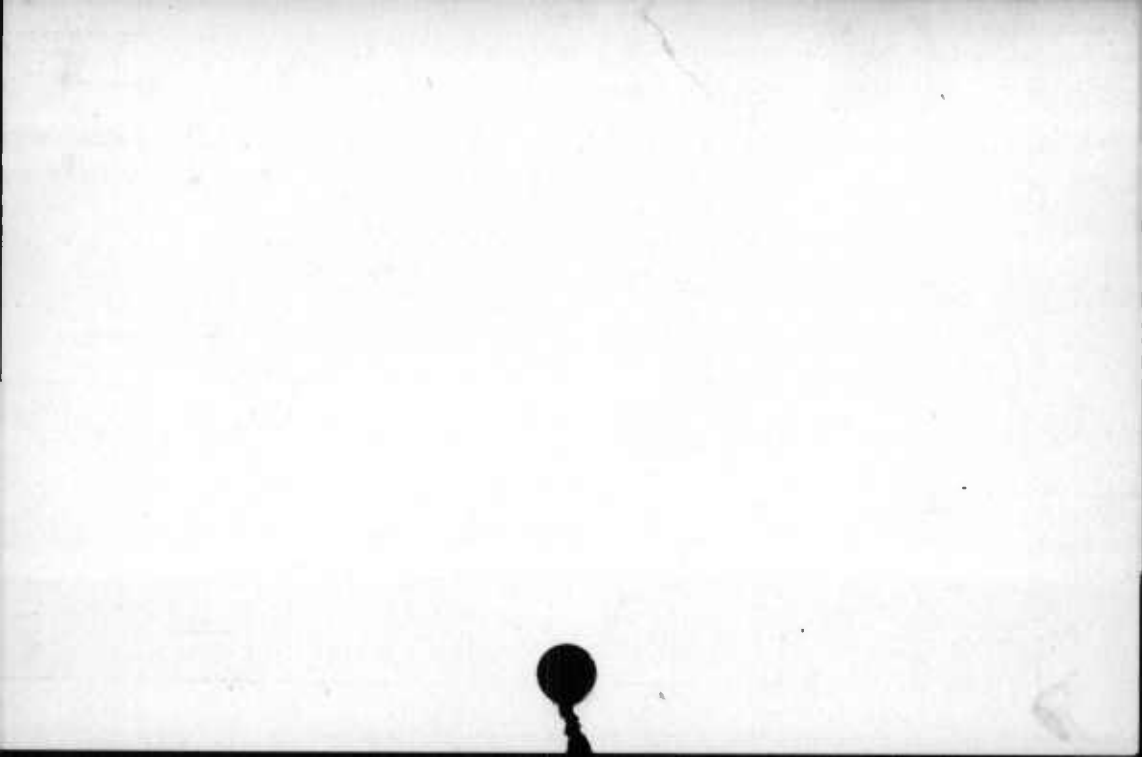
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Mt Hope Rema		County Baltimore -		MARYLAND	
Date of death	1906	Month Nov	Day 3rd	Age	Years 39	Months not known	Days unknown
Sex	Male		Color or Race	White		Birth-place	Ireland -
Occupation	Laborer			Where Residing if not at place of death Baltimore Md -			
Married, Single or Widowed	Married		Name of Wife or Husband unknown				
Father's Name	unknown					Father's Birthplace	unknown
Mother's Maiden Name	"					Mother's Birthplace	"
Name of person giving information	Recd. Mt. Hope					How related to deceased	Not at all -

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Mania Acute	How long	abt 6 wks
Immediate	Ex Meningitis	How long	abt 12 or 14 days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Frank J. Flannery	
Address		Mt Hope Rema Baltimore Md -	
Accident or Suicide?		No	



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*John P Guntz*  
Town *Herrnwood* County *Balt*

MARYLAND

Died at *Herrnwood* Date of death *1906 Nov 29* Age *71* Months *10* Days *4*

Sex *male* Color or Race *white* Birth-place *Ind*

Occupation *Farmer* Where Residing if not at place of death *Same*

Married, Single or Widowed *married* Name of Wife or ~~Husband~~ *Mary E Guntz*

Father's Name *Adam Guntz* Father's Birthplace *Germany*

Mother's Maiden Name *D.K.* Mother's Birthplace *Germany*

Name of person giving information *Mary E Guntz* How related to deceased *wife*

CAUSES OF DEATH

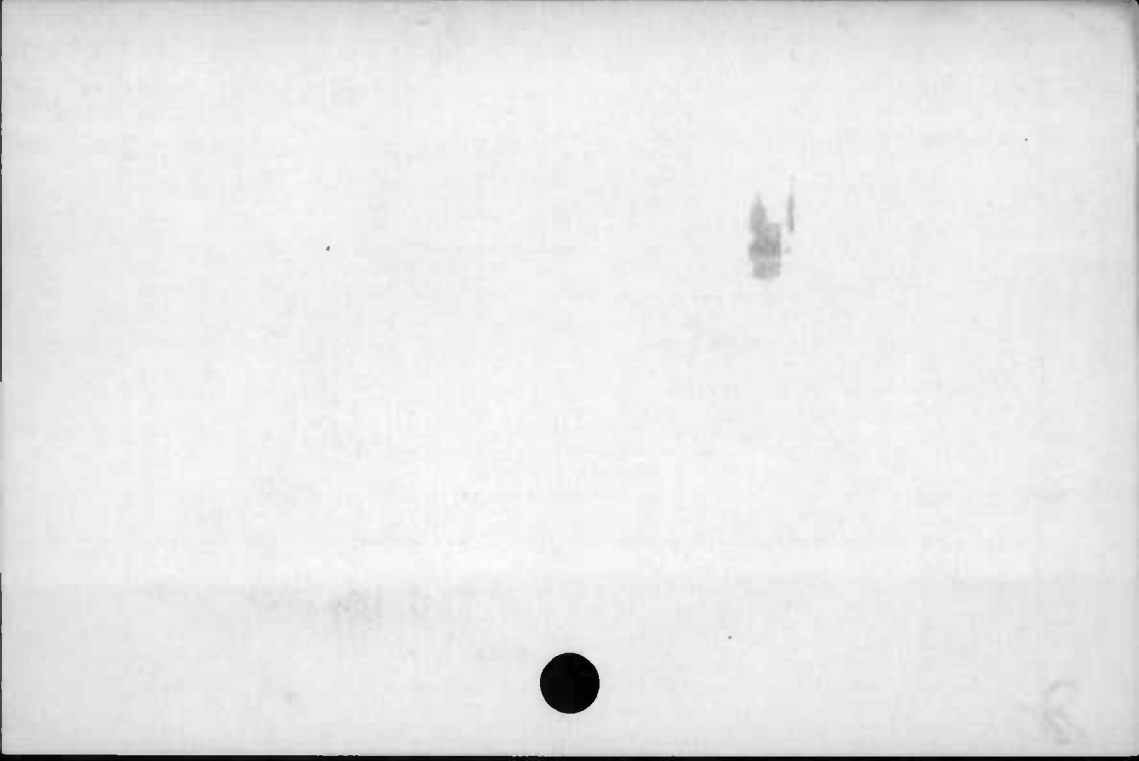
Primary *Cerebral Hemorrhage* How long *6 hours*  
Immediate *Shock - Coma*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *H. F. Shipley, M.D.*  
Address *Guntz Ind*

Accident or Suicide? *—*

PHYSICIAN  
OR CORONER





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>George A. Hall</b>		Town <b>North Ave</b>		County <b>Govans. Balto.</b>		State <b>MARYLAND</b>	
Died at <b>North Ave</b>		Month <b>Nov</b>		Day <b>1</b>		Years <b>55</b>	
Date of death <b>1906</b>		Month <b>Nov</b>		Day <b>1</b>		Years <b>55</b>	
Sex <b>Male</b>		Color or Race <b>White</b>		Birth-place <b>Balto.</b>			
Occupation <b>Printer</b>		Where Residing if not at place of death _____					
Married, Single or Widowed <b>Single</b>		Name of Wife or Husband _____					
Father's Name <b>John R. Hall</b>		Father's Birthplace <b>Balto</b>					
Mother's Maiden Name <b>Susan A. Plummer</b>		Mother's Birthplace <b>Balto</b>					
Name of person giving information <b>Susan A. Hall</b>		How related to deceased _____					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>Erysipalis of left leg</b>	How long <b>17 days</b>
Immediate <b>Infected parotid gland</b>	How long <b>3 "</b>
Are the name, age, sex, color, date and place correctly given above? <b>Yes.</b>	Signature of Physician <b>John A. Evans</b>
	Address <b>1101 N. Carey St Balto Md</b>
Accident or Suicide? <b>X</b>	

Mount Olive

F. A. Krause & Bro.

Name  
in  
Full

Florence, A. Hann

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Paradise near Catonsville		County Baltimore		MARYLAND	
Date of death 1906	Month Nov	Day 2	Age 52	Years 10	Months	Days	
Sex Female	Color or Race White, American		Birth- place Baltimore				
Married, Single or Widowed Married			Occupation _____				
Name of Wife or Husband Jacob. Hann							
Father's Name Charles. E. Gray				Father's Birthplace Baltimore			
Mother's Maiden Name Mary. E. Reese				Mother's Birthplace Baltimore			
Name of person giving In formation Jacob Hann				How related to deceased Husband			

## CAUSES OF DEATH

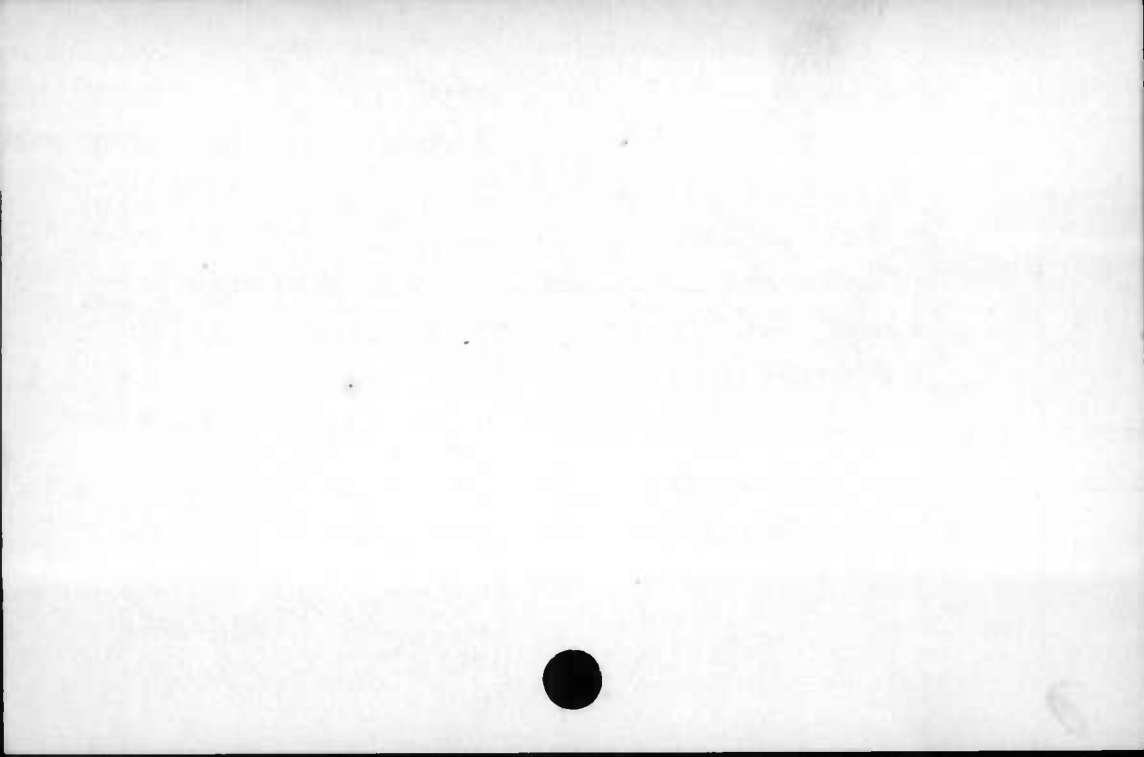
PHYSICIAN  
OR CORONER

Primary Paralytic disease of the heart with nephritis & general dropsy		How long About 7 months
Immediate Uremic convulsions		How long 15 minutes
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Gus M. McGill
Yes		Address Catonsville Balt P.O. Md
Accident or Suicide?		

Der Matfeld

Ind road spidelt  
Narberg chue

Name in Full		Town				County		CERTIFICATE OF DEATH	
Mary Hare		Freeland		Baltimore		MARYLAND			
Date of death		1906	Month	Nov	Day	15	Age	Years	5
								Months	21
Sex		Female		Color or Race		White		Birthplace	
								Maryland	
Occupation		Homemaker		Where Residing if not at place of death					
Married, Single or Widowed		Married		Name of Wife or Husband		Sylvester Hare			
Father's Name		Jacob B. Hampshire		Father's Birthplace		Maryland			
Mother's Maiden Name		Conford Stabler		Mother's Birthplace		Maryland			
Name of person giving information		Sylvester Hare		How related to deceased		Husband			
CAUSES OF DEATH									
Primary		Mitral Stenosis - Valvular Disease.				How long		1 Year	
Immediate		Arrhythmia - Paroxysmal, interruption of the circulation in the coronary arteries -				How long		15 Minutes	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Joseph D. Baedrow			
				Address		Freeland			
						Baltimore			
Accident or Suicide?									



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Eliab &amp; Th. Atkinson Harlan

Died at *Baldwin* TownCounty *Bell*

MARYLAND

Date of death *1906* Month *Apr*Day *9*Age *84* YearsMonths *10*Days *9*Sex *Female*Color or Race *white*Birth-place *Ind*Occupation *House wife*Where Residing if not at place of death *✓*Married, Single or Widowed *widowed*

Name of Wife or Husband

*John J. Harlan*Father's Name *David Atkinson*Father's Birthplace *Pa.*Mother's Maiden Name *Spencer*Mother's Birthplace *Pa*Name of person giving information *David Harlan*How related to deceased *son*

## CAUSES OF DEATH

Primary *nervous prostration*How long *few hours*Immediate *heart failure*How long *" "*

Are the name, age, sex, color, date and place correctly given above?

*Yes*

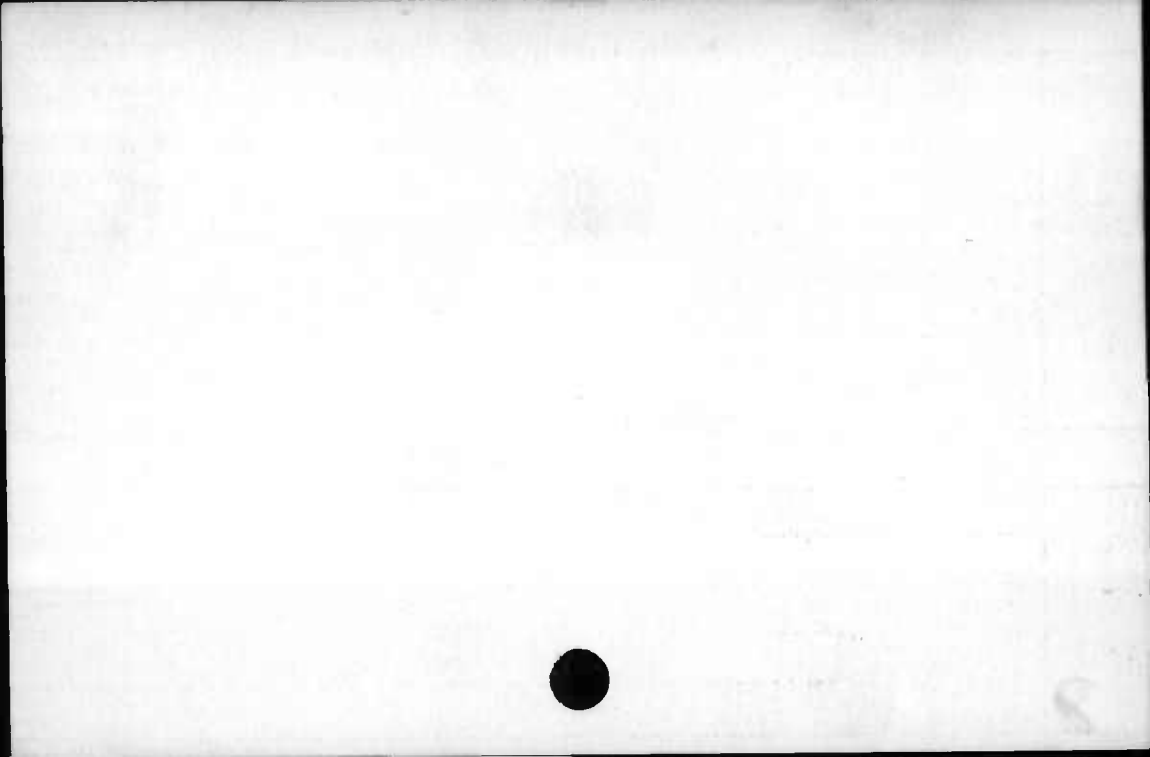
Signature of Physician

*J. F. H. Gorsech*

Address

*Fork Ind*

Accident or Suicide?





Name  
in  
Full

Emma A Harris.

## CERTIFICATE OF DEATH

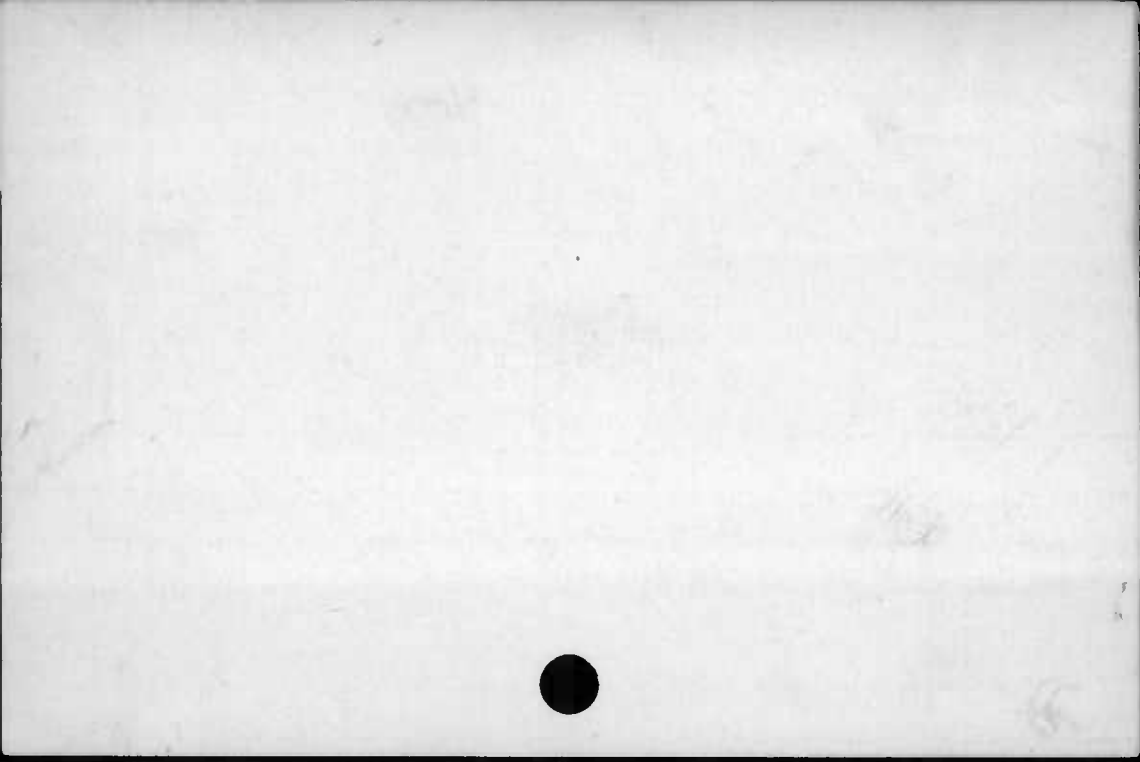
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>St Agnes Hospital</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	1906	Month	Nov	Day	9	Age	57
Sex	Female	Color or Race	White	Months	4	Days	14
Occupation	<i>Housewife</i>		Birth-place	<i>Balto. City</i>			
Where Residing If not at place of death			<i>1207 Myrtle Ave.</i>				
Married, Single or Widowed	<i>Undivided</i>		Name of Wife or Husband	<i>William A. Harris</i>			
Father's Name	<i>John H. Side</i>			Father's Birthplace	<i>Philadel. Pa</i>		
Mother's Maiden Name	<i>Emily Peacock</i>			Mother's Birthplace	<i>Balto. City</i>		
Name of person giving information	<i>Widowed</i>			How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Carcinoma Uteri</i>	How long	
Immediate	<i>Pyemia</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. W. Shaw</i>
		Address	<i>St Agnes Hospital</i>
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Irwin Askey Hause</i>		Town <i>Styhlantown</i>		County <i>Balto</i>		MARYLAND	
Died at <i>Styhlantown</i>		Month <i>11</i>		Day <i>14</i>		Age <i>7</i>	
Date of death <i>1906</i>		Months <i>3</i>		Days <i>11</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Balto</i>			
Occupation —		Where Residing if not at place of death <i>229 Lombard St</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband —					
Father's Name <i>Robert Lee Hause</i>		Father's Birthplace <i>Howard Co</i>					
Mother's Maiden Name <i>Eliza Hartman</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>Robert Lee Hause</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Membranous Prouph</i>	How long <i>4 da</i>
Immediate <i>Exhaustion</i>	How long <i>1/2 hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Jas. L. Max M.D.</i>
	Address <i>3 and 1/2 Bay St Styhlantown Md</i>
Accident or Suicide? <i>No</i>	



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		Nov.	29	20			
Sex	Male		Color or Race	White		Birth-place	Maryland
Occupation	Tailor			Where Residing If not at place of death			508 N. Castle St.
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Joseph F. Heck.					Father's Birthplace	Ind
Mother's Maiden Name	Josephine Heck.					Mother's Birthplace	Ind
Name of person giving information	Joseph F. Heck.					How related to deceased	Father

CAUSES OF DEATH

Primary	Shot in left shoulder.	How long	Immediate
Immediate	Hemorrhage	How long	"

Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	P.A. Dunningan
		Address	203 Toome St.
Accident or Suicide?	Accident		Coroner

PHYSICIAN  
OR CORONER

P.A. Dunningan



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Elizabeth Heikle</i>		Town <i>Orangetown</i>		County <i>Baltimore</i>		State <i>MARYLAND</i>	
Died at		Date of death <i>1906</i>		Month <i>Nov</i>		Day <i>21</i>	
Age <i>61</i>		Years <i>61</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Charles Heikle</i>					
Father's Name <i>John Schneider</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Not known</i>		Mother's Birthplace <i>Not known</i>					
Name of person giving information <i>Charles Heikle</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Cause <i>Chronic Endocarditis Mitral</i>		How long <i>—</i>	
Immediate Cause <i>Stroke - Lung Congestion</i>		How long <i>Months</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>H. Charibus</i>	
		Address <i>48 W. Franklin St</i>	
Accident or Suicide? <i>8</i>			

Mr. Larned

H. Sanders Love



Name  
In  
Full

Elmata Henry

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Canton <sup>Town</sup> Baltimore <sup>County</sup> MARYLAND

Date of death 1906 <sup>Month</sup> Nov. <sup>Day</sup> 10 <sup>Years</sup> 32 <sup>Months</sup>  <sup>Days</sup>

Sex Female Color or Race White Birth-place Virginia

Occupation Housewife Where Residing If not at place of death

Married, Single or Widowed Married Name of Wife or Husband Edward Henry

Father's Name Gen. Simmonds Father's Birthplace Virginia

Mother's Maiden Name Not Known Mother's Birthplace Not Known

Name of person giving information Edward Henry How related to deceased Husband

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Typhoid Fever

How long

two weeks

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

H. C. Long

Address

2429 Fair AveBalto Md.

Accident or Suicide?

Mr. Larned  
H. Sanderhaus

Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

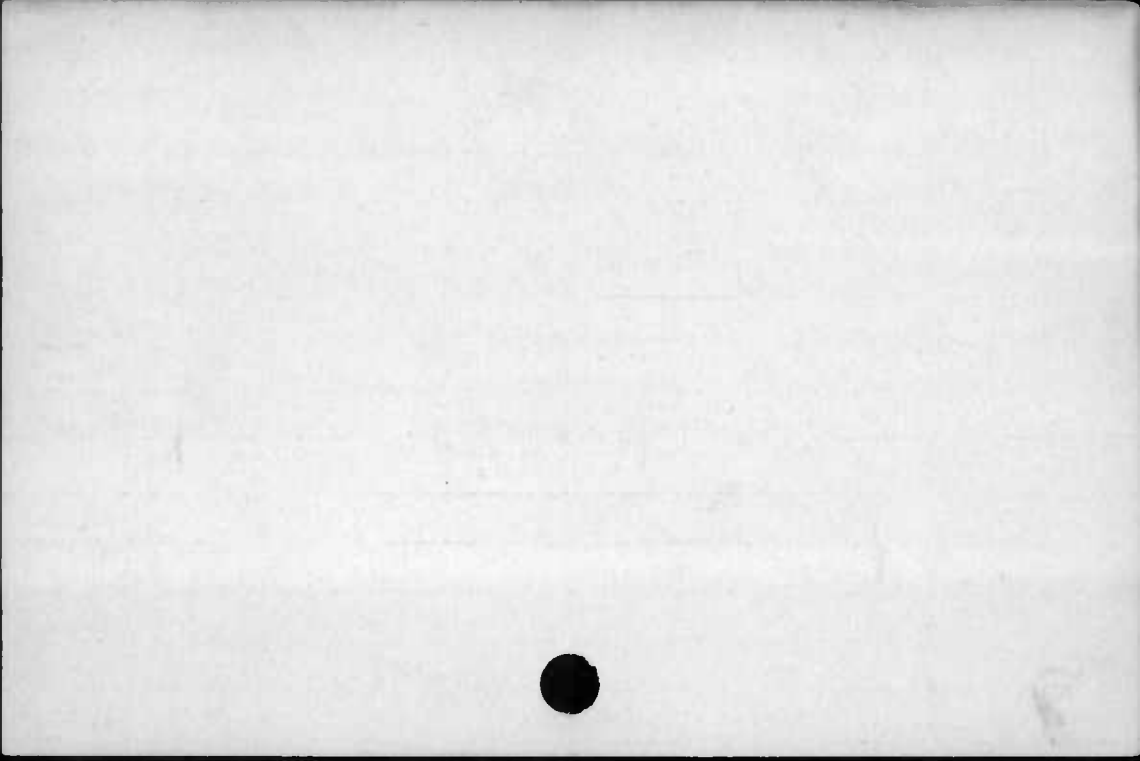
*Emilia Carolina Louise Hechle*

## CERTIFICATE OF DEATH

Died at <i>Arlington</i> Town		<i>Balto</i> County		MARYLAND	
Date of death <i>1906 Nov</i> Month		<i>7</i> Day	<i>82</i> Years	<i></i> Months	<i>13</i> Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Germany</i>			
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Arlington</i>				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Ernest Gustav Hechle</i>				
Father's Name <i>Moritz Bellmann</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i></i>	Mother's Birthplace <i>Germany</i>				
Name of person giving information <i>Louise N. D. Voigt</i>				How related to deceased <i>Daughter</i>	

## CAUSES OF DEATH

Primary <i>Albuminuria. (old age)</i>	How long <i>20</i> years
Immediate <i>Exhaustion</i>	How long <i>3</i> days
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. L. B. Smith</i>
	Address <i>Arlington</i>
Accident or Suicide? <i></i>	



Name in Full

Certificate of Death

George H. Hoffman

Town

County

MARYLAND

Died at Hoffmanville

Balto

Date 1906

Month

Day

Y.

M.

D.

Native of

Occupation

11

16

Age

75

10

8

Ind

Farmer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

8

Husband

of

Lydice Hoffman

Wife

Father's Name William Hoffman

Mother's

Maiden Name

Mary Marchin

Cause of

Primary

Infirmities due to old age

How long sick

6 months

Death

Immediate

Heart Failure

Accident, Suicide, Homicide

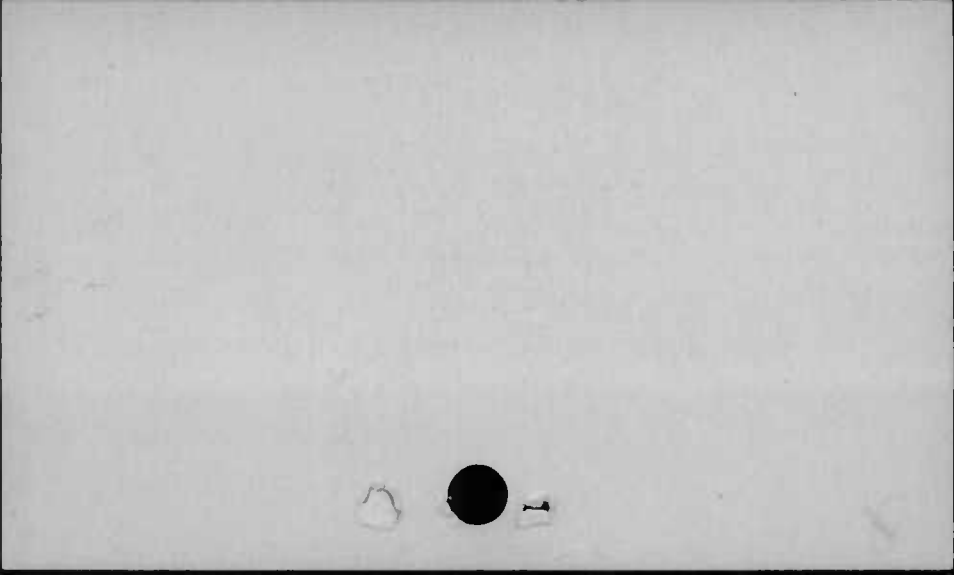
Reported by

D. M. Rush M.D.

Address

Hoffmanville Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Still born Infant Holmes

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Sparks Point</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death	1906	Month	Nov.	Day	14
Age		Years		Months	
Sex	Female		Color or Race	col	
Occupation	—		Birth-place	Sp. Pt.	
Where Residing if not at place of death			" "		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Joseph Holmes		Father's Birthplace	
Mother's Maiden Name		Lulu Bailey		Mother's Birthplace	
Name of person giving information		Lulu Holmes		How related to deceased	
				mother	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Tortion of funis</i>		How long	
Immediate	<i>Asphyxiation</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		yes		
Signature of Physician		<i>G. C. McCormick M.D.</i>		
Address		<i>Sparks Point</i>		
Accident or Suicide?		no		
		<i>M.D.</i>		





Name  
in  
Full

Maggie Hutton

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Highland <sup>County</sup> Baltimore MARYLAND

Date of death 1906 <sup>Month</sup> Nov. <sup>Day</sup> 18 <sup>Years</sup> Age 18 <sup>Months</sup> 4 <sup>Days</sup> 12

Sex Female Color or Race White Birth-place Baltimore

Occupation Housewife Where Residing if not at place of death C

Married, Single or Widowed Married Name of Wife or Husband John Hutton

Father's Name Thomas Leonard Father's Birthplace Baltimore

Mother's Maiden Name Mary Phies Mother's Birthplace Germany

Name of person giving information Mary Leonard How related to deceased Mother.

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary acute Bright's Disease Confinement How long 1 month

Immediate Uræmia How long 6 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Jas. L. Gray M.D.

Address 3 and 1/2 South Highland Avenue N.Y.

Accident or Suicide? No

Mr. Gamble  
Hanson Don

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Name *John N. James*  
Died at *Sparrows Point* Town *Balto.* CountyDate of death *1906* Month *Nov.* Day *16* Age *51* Years Months DaysSex *Male* Color or Race *negro* Birthplace *Unknown*Occupation *Laborer* Where Residing if not at place of death *Unknown*Married, Single or Widowed *Married* Name of Wife or Husband *Unknown*Father's Name *Unknown* Father's Birthplace *Unknown*Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*Name of person giving information *Jos Blair* How related to deceased *Unknown*

## CAUSES OF DEATH

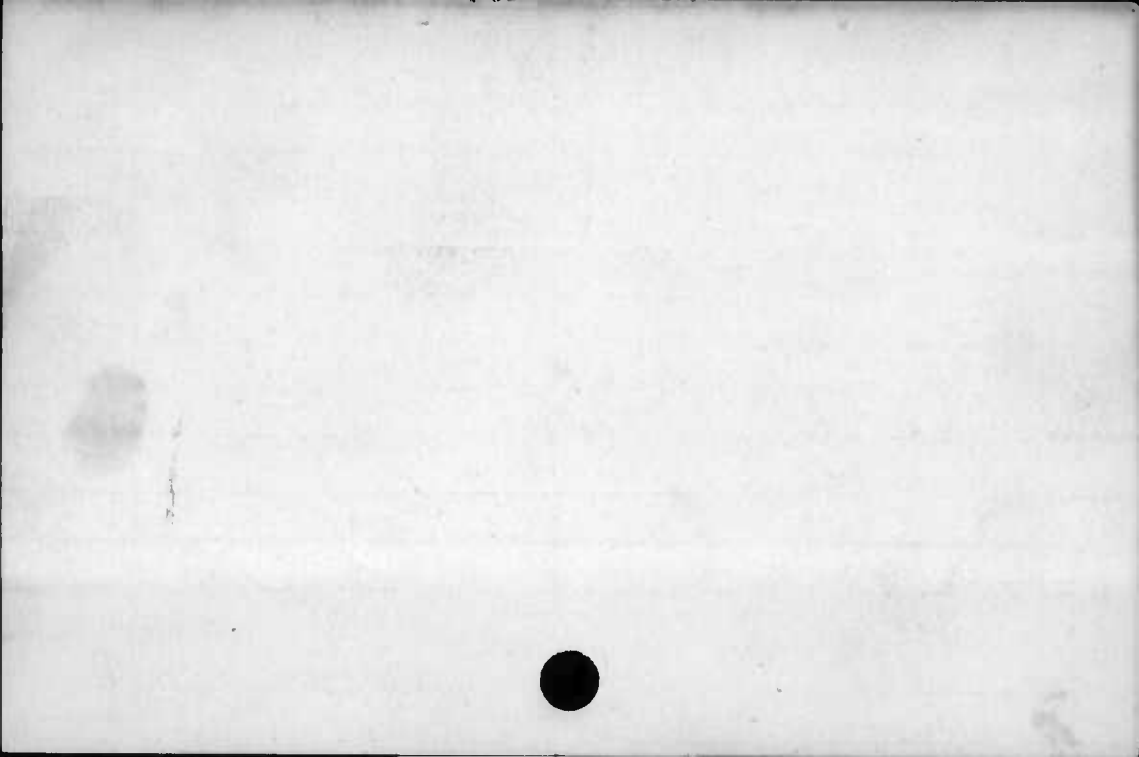
PHYSICIAN  
OR CORONERPrimary *Fell from a wall, crushed skull* How longImmediate *Accident* How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Jos Blair D.P.*Address *Sparrows Point Md.*

Accident or Suicide?

*Accident*



Name  
in  
Full

Loretta H. Kaerber

## CERTIFICATE OF DEATH

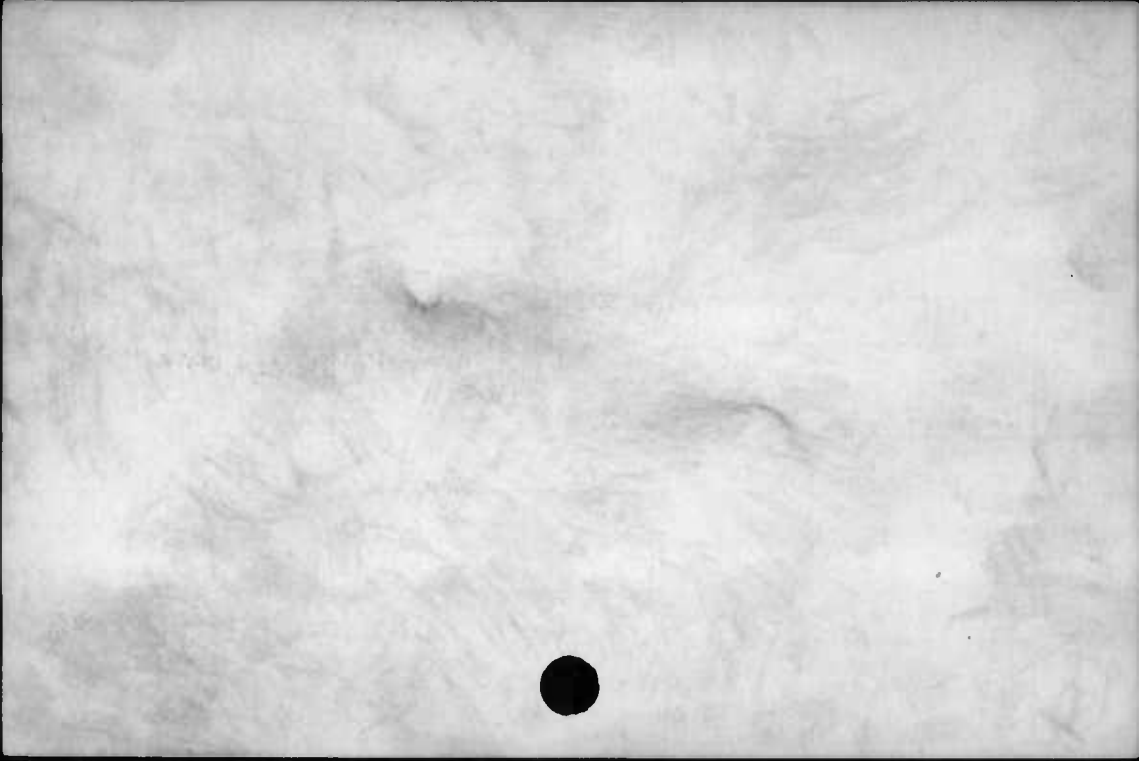
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Highland</i> <sup>Town</sup>		<i>Bullo</i> <sup>County</sup>		MARYLAND		
Date of death	<i>1906</i>	Month <i>Nov</i>	Day <i>14</i>	Age <i>3</i>	Months <i>7</i>	Days <i>8</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Baltin Co</i>			
Occupation <i>None</i>			Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>				
Father's Name <i>Charles Kaerber</i>			Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Mary Roth</i>			Mother's Birthplace <i>Baltimore</i>			
Name of person giving information <i>Mary Kaerber</i>			How related to deceased <i>Mother</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Diphtheria</i>	<i>9</i>	How long <i>Eight days</i>
Immediate <i>Diphtheria</i>		How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Horace B. Nicholson</i>	Address <i>Bayview Hospital</i>
Accident or Suicide? <i>No</i>		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Henry J. Kaiser</i>		County <i>Balto.</i>		State <i>MARYLAND</i>	
Died at <i>Hightstown</i>		Age <i>20</i>		Months <i>4</i>	Days <i>23</i>
Date of death <i>1906</i>	Month <i>Nov.</i>	Day <i>20</i>	Years <i>—</i>		
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Balto</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Henry J. Kaiser</i>			Father's Birthplace <i>Balto.</i>		
Mother's Maiden Name <i>Gertrude Johnson</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Gertrude Kaiser</i>			How related to deceased <i>mother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Chorea Infantum</i>	How long <i>105</i>	} <i>4 Mrs</i>
Immediate <i>—</i>	How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. H. Gershaw M.D.</i>	
<i>no</i>	Address <i>1303 Lighter</i>	
Accident or Suicide? <i>no</i>		

H. S. Amy from



Name  
In  
Full

Daniel Kaur

## CERTIFICATE OF DEATH

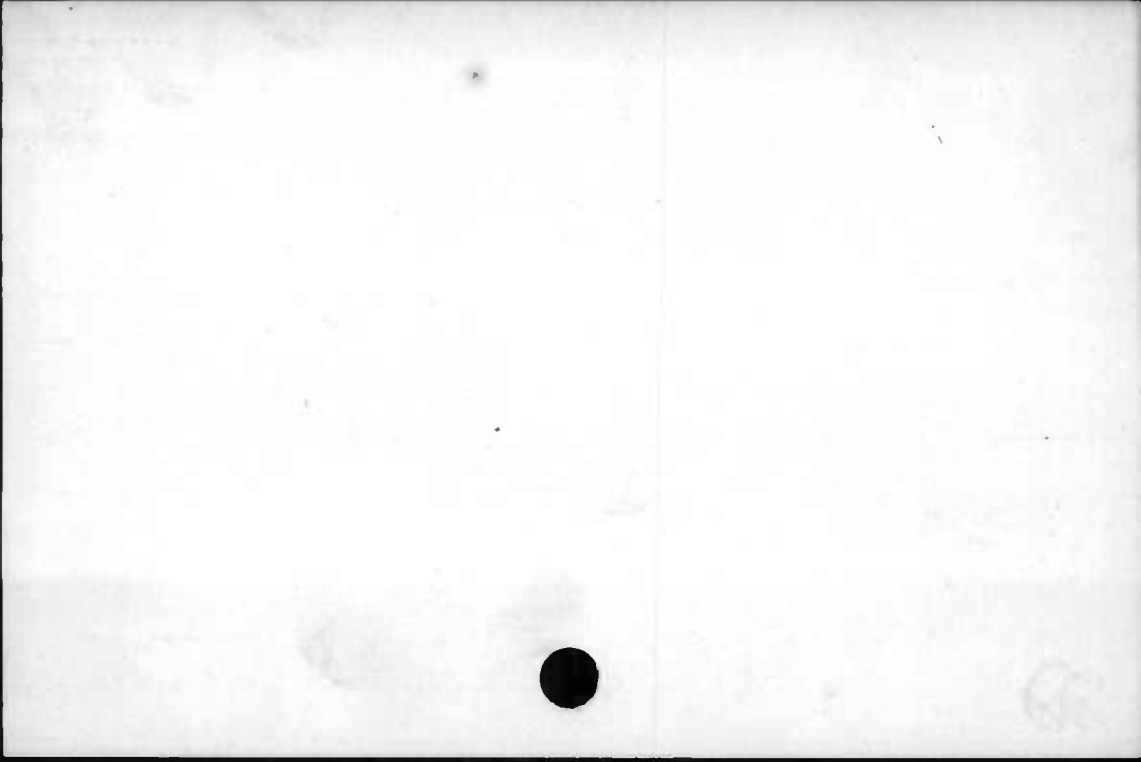
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Mt Hope Retreat</u> <sup>Town</sup> <u>Baltimore</u> <sup>County</sup>		MARYLAND	
Date of death <u>1906</u> <sup>Month</sup> <u>Nov</u> <sup>Day</sup> <u>1st</u> <sup>Years</sup> <u>Age</u> <u>5'9</u>	<u>Months</u>		<u>Days</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Baltimore</u>	
Occupation <u>Laborer</u>	Where Residing if not at place of death <u>Owings Mills</u>		
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>not known</u>		
Father's Name <u>not known</u>	Father's Birthplace <u>not known</u>		
Mother's Maiden Name <u>" "</u>	Mother's Birthplace <u>" "</u>		
Name of person giving information <u>Recd. Mt Hope Retreat</u>	How related to deceased <u>not at all</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Principal Cause <u>Mania Post Paralysis</u> <sup>(19)</sup>	How long <u>nearly 3 yrs</u>
Immediate Cause <u>Ex-Albuminuria</u>	How long <u>abt 17 or 12 mos</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Frank J. Flannery</u>
	Address <u>Mt Hope Retreat</u> <u>Baltimore Co Md</u>
Accident or Suicide? <u></u>	



Name

in  
Full

Christina Keller

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Highlandtown		County Balto.		MARYLAND	
Date of death		190	6	11	6	Age	36
		Month		Day		Years	
		Months		Days			
Sex		Female		Color or Race		White	
Occupation		House work		Birth-place		Balto.	
				Where Residing if not at place of death		#1008 5th. St.	
Married, Single or Widowed		Widow		Name of Wife or Husband		Christian Keller	
Father's Name				Father's Birthplace		Germany	
Mother's Maiden Name				Mother's Birthplace		"	
Name of person giving information		Annie Gessner		How related to deceased		Sister	

## CAUSES OF DEATH

Primary	Pulmonary Tuberculosis	How long	At least 3 Months
Immediate	"	How long	"
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		H. L. Peckard M.D.	
Address		910 S. Canton St. Baltimore	
Accident or Suicide?		No	

PHYSICIAN  
OR CORONER

Mt. Carmel Cemetery

Jno. Herwig & Son

#2008 Orleans St.

11/9/06

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Emma F. King		Town		County		MARYLAND							
Died at		Baltimore		Baltimore									
Date of death		1906	Month	Nov.	Day	10	Age	Years	57	Months	4	Days	3
Sex		Female		Color or Race		American		Birth-place		Baltimore			
Occupation				Where Residing if not at place of death		Baltimore Md							
Married, Single or Widowed		widow		Name of Wife or Husband		Jamel. H. King							
Father's Name		C. C. De Goey		Father's Birthplace		Baltimore							
Mother's Maiden Name		Mary A. Klein		Mother's Birthplace		Washington D.C.							
Name of person giving information		Louis N. De Goey		How related to deceased		Brother							

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

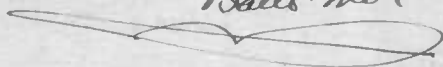
Primary		Mammary carcinoma		How long		about 4 years	
Immediate		weakness & inaction		How long			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		17 N. Myer			
		Address		714 Park Ave			
Accident or Suicide?							

To. Green Mount Cemetery, Balt. Md.

E. Madison Mitchell

1201 N. Fayette St.

Balt. Md.



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Heaterisville</i> <sup>Town</sup>		<i>Patto</i> <sup>County</sup>		MARYLAND									
Date of death	1906	Month	<i>Nov</i>	Day	<i>21</i>	Age	<i>61</i>	Years		Months		Days	
Sex	<i>Male</i>		Color or Race	<i>white</i>		Birth-place	<i>Ind.</i>						
Occupation	<i>Sailor</i>					Where Residing if not at place of death	<i>X</i>						
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>X</i>									
Father's Name	<i>X</i>					Father's Birthplace	<i>X</i>						
Mother's Maiden Name	<i>X</i>					Mother's Birthplace	<i>X</i>						
Name of person giving information	<i>X</i>					How related to deceased	<i>X</i>						

## CAUSES OF DEATH

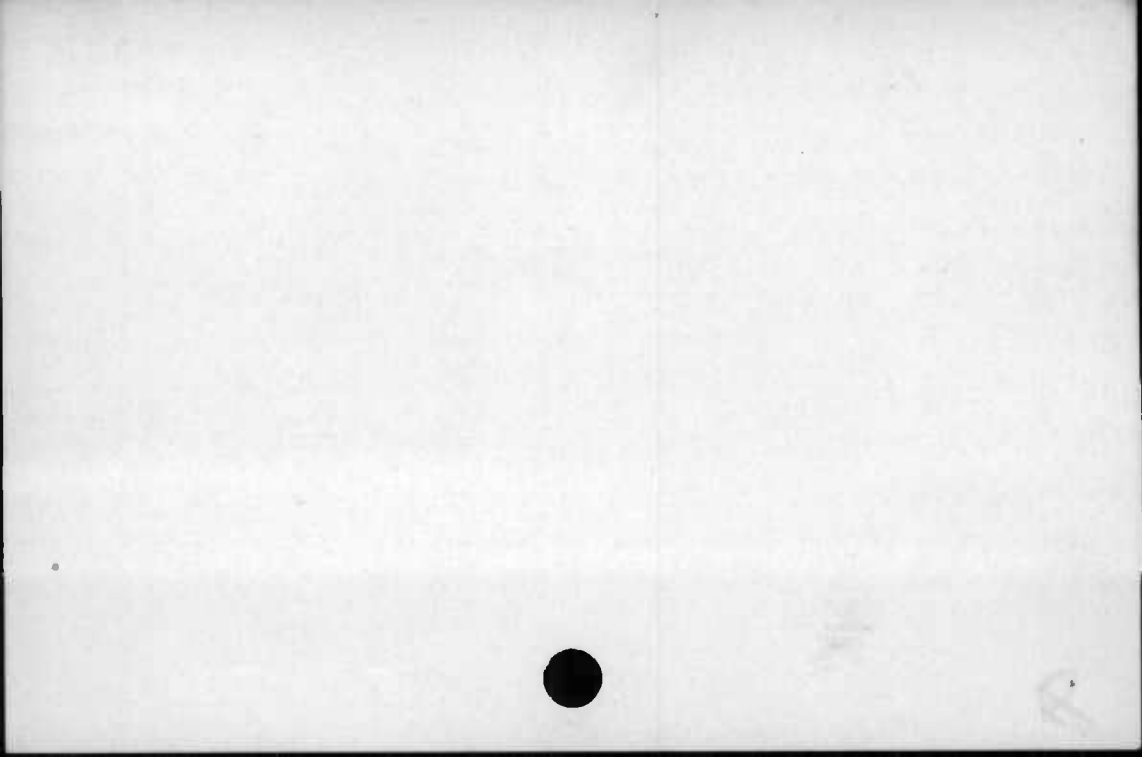
PHYSICIAN  
OR CORONER

Primary	<i>Senile Dementia</i>	How long	<i>2 mos.</i>
Immediate	<i>Cerebral Hemorrhage</i>	How long	<i>1 week.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Percy Wade</i>
		Address	<i>Heaterisville, Md</i>
Accident or Suicide?	<i>No.</i>		

Wm H Heydon



Name in Full		Kirby, Elizabeth.				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Leatonville	County Butts		MARYLAND		
	Date of death		1906	Month Nov	Day 11	Age 40	Months Days	
	Sex		Female		Color or Race	white		
	Occupation		None		Birth-place	Ind.		
					Where Residing if not at place of death	x		
	Married, Single or Widowed		Married		Name of Wife or Husband	x		
	Father's Name		x		Father's Birthplace	x		
	Mother's Maiden Name		x		Mother's Birthplace	x		
Name of person giving information		x		How related to deceased		x		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Syphilitic Dementia			How long		6 yrs.
	Immediate		Chronic Interstitial Nephritis			How long		1 yr.
	Are the name, age, sex, color, date and place correctly given above?		yes.			Signature of Physician		F. H. Wade
			no.			Address		Leatonville,
	Accident or Suicide?		no.					



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Parkville Md Balto Co.*Date of death *1906 Nov 18* Age *48* Months *3* Days *12*Sex *Female* Color or Race *White* Birth-place *Balto*Occupation *\_\_\_\_\_* Where Residing if not at place of death *Parkville Md*Married, *—* Name of Husband *Geo H. Klebe*Father's Name *Diety* Father's Birthplace *Germany*Mother's Maiden Name *Minigunda Fisher* Mother's Birthplace *Germany*Name of person giving information *Geo H. Klebe* How related to deceased *Husband*

## CAUSES OF DEATH

Primary *Cerebral Haemorrhage*

How long

Immediate *Fatigue & heat stress*

How long

Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *Wm. E. Whitford*

Address

*Parkville, Md*Accident or Suicide? *—*

London Park

F. A. Krause & Bro

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *John G Kraft*

Died at *White Marsh* Town *Baltimore* County

State *MARYLAND*

Date of death 190 *6* Month *Nov* Day *3* Age *36* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Lanham*

Married, Single or Widowed *Married* Occupation *Machinist*

Name of Wife or Husband *Marnie Busch*

Father's Name Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving information How related to deceased

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

*yes*

Signature of Physician

Address

*Chas. Francis coroner*  
*Fullerton Ind*

Accident or Suicide?

*Accident*

Dr Atthey No 2 Hudson St.

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Not</i> <sup>Town</sup> <i>viennas</i> <sup>County</sup> <i>Baltimore</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>12</i>	Day <i>15</i>	Age <i>6</i>
Sex <i>female</i>	Color or Race <i>white</i>	Birth-place <i>Not viennas</i>	
Occupation <i>_____</i>	Where Residing if not at place of death <i>_____</i>		
Married, Single or Widowed <i>Infant</i>	Name of Wife or Husband <i>_____</i>		
Father's Name <i>Clarence E. Laith</i>	Father's Birthplace <i>Baltimore Co.</i>		
Mother's Maiden Name <i>Mary J. Hedger</i>	Mother's Birthplace <i>Baltimore Co.</i>		
Name of person giving information <i>Clarence E. Laith</i>	How related to deceased <i>Father.</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tetanus</i>	How long <i>24 hrs.</i>
Immediate <i>Convulsions</i>	How long <i>6 hrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>Dr. [Signature]</i>
	Address <i>Not viennas</i>
Accident or Suicide? <i>9</i>	<i>Med.</i>

W. J. Tickner .

Mr Olcott

---



Name  
in  
Full

Still Born Lee

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Granite* Town *Baltimore* County  
Date of death *1906* Month *Nov* Day *9* Age *—* Years *—* Months *—* Days *—*  
Sex *female* Color or Race *Black* Birth-place *Ind*  
Occupation *—* Where Residing If not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*  
Father's Name *Daniel Lee* Father's Birthplace *Va*  
Mother's Maiden Name *Annis Page* Mother's Birthplace *Va*  
Name of person giving information *Daniel Lee* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Still Born* How long *—*  
Immediate *—* How long *—*  
Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *R. J. Hughes*  
Address *Granite Ind*  
Accident or Suicide? *—*



Name  
in  
Full

## CERTIFICATE OF DEATH

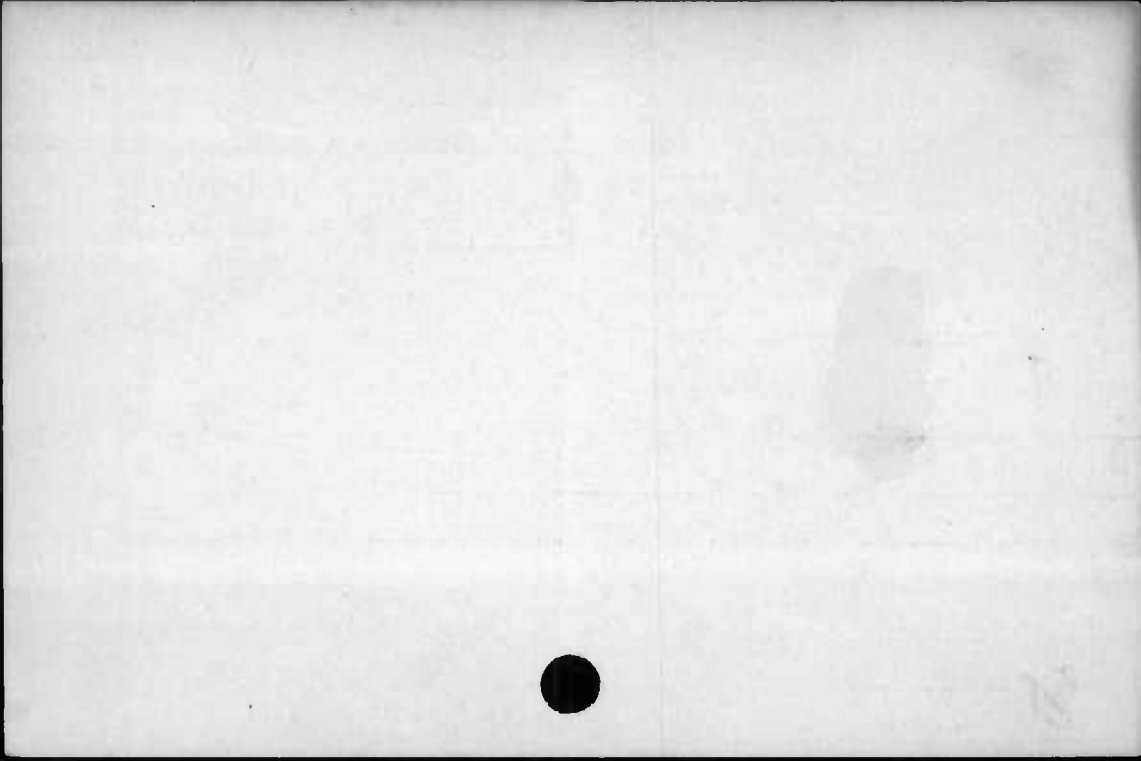
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Sparrows Point</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906</i>	Month <i>Nov.</i>	Day <i>6</i> <sup>th</sup>	Age <i>33</i>	Years <i>33</i>	Months <i>5</i>
Sex <i>male</i>	Color or Race <i>colored</i>		Birth-place <i>Virginia</i>		
Occupation <i>Laborer.</i>			Where Residing if not at place of death <i>Sparrows Point</i>		
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Barah B Lewis</i>				
Father's Name <i>Henry Lewis</i>	Father's Birthplace <i>Va</i>				
Mother's Maiden Name <i>Lucy Ellis</i>	Mother's Birthplace <i>Va</i>				
Name of person giving information <i>Wm Lewis</i>			How related to deceased <i>Brother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Aneurism (aorta)</i>	How long <i>about 1 year</i>
Immediate <i>Hemorrhage from bursting aneurism</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>G. D. McCormick M.D.</i>
	Address <i>Sparrows Point</i>
Accident or Suicide? <i>no</i>	<i>md</i>



Name  
in  
Full

CERTIFICATE OF DEATH

Dec. Lyschum

Died at <sup>Town</sup> Canton

<sup>County</sup> Baltimore

MARYLAND

Date of death 1906 Nov.

Day 18

Age Years 52

Months 10

Days 8

Sex Male

Color or Race white

Birth-place Wales

Occupation Supt. Copper Smelter

Where Residing if not at place of death 29 1/2 N. Clinton St.

Married, ~~Single~~

Name of Wife or Husband

Father's Name Reese Lyschum

Father's Birthplace Wales.

Mother's Maiden Name Elizabeth Lyschum

Mother's Birthplace "

Name of person giving Information Tom Lyschum

How related to deceased Brother

CAUSES OF DEATH

Primary Heart. Decr.

How long immediate

Immediate Natural

How long "

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician P.A. Domingar

Address 203 Toone St  
Coroner

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

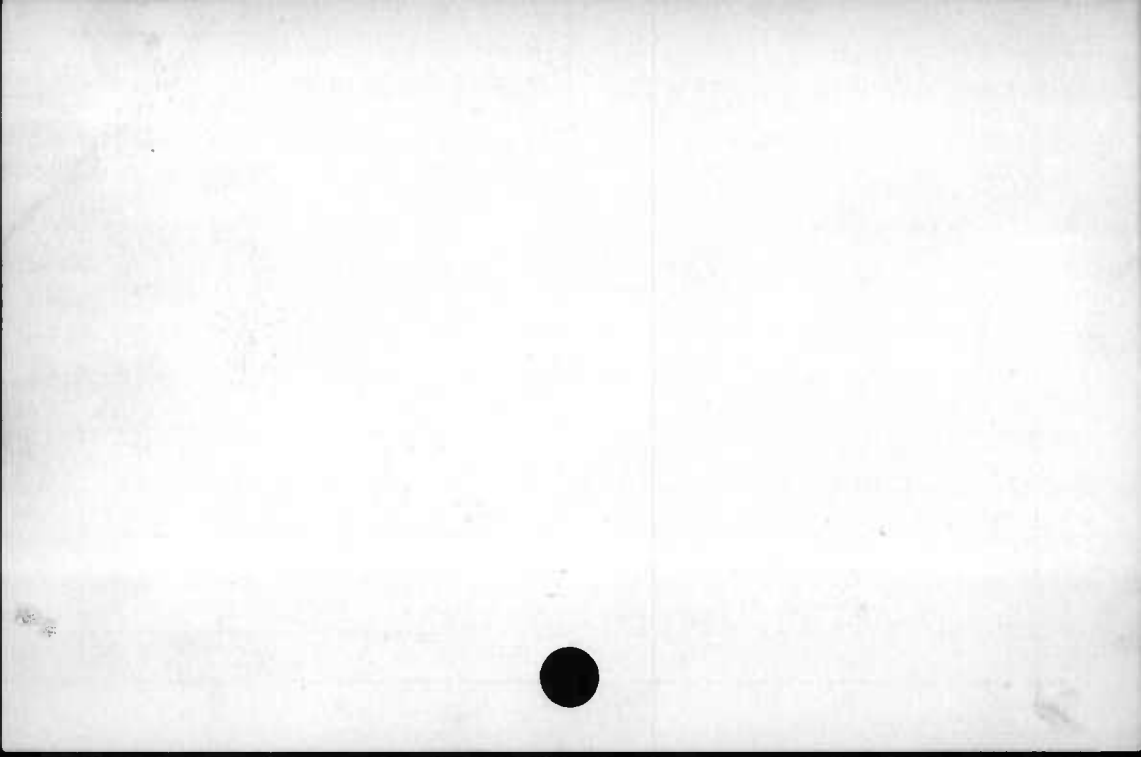
PHYSICIAN  
CORONER

P.A. Domingar

Wm. Carmel

W. J. Tickner & Sons

Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Bereford</i>		County <i>Baltimore</i>		MARYLAND
	Date of death 190 <i>6</i>	Month <i>Nov</i>	Day <i>9</i>	Age <i>86</i>	Months <i>10</i> Days <i>26</i>
	Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Harford Co.</i>	
	Married, Single or Widowed <i>Widowed</i>		Occupation <i>Unemployed</i>		
	Name of Wife or Husband <i>George Little</i>				
	Father's Name <i>Robert Kerr</i>			Father's Birthplace <i>Scotland</i>	
	Mother's Maiden Name <i>Don't know</i>			Mother's Birthplace <i>Don't know</i>	
	Name of person giving information <i>Dr. Calder Little</i>			How related to deceased <i>Son</i>	
CAUSES OF DEATH <span style="border: 1px solid black; border-radius: 50%; padding: 5px; float: right;">65</span>					
PHYSICIAN OR CORONER	Primary <i>Paralysis and Softening of Brain</i>		How long <i>Two years</i>		
	Immediate <i>General Failure</i>		How long <i>Two-three days</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>A. B. Mitchell</i>		
			Address <i>Mounton Md.</i>		
	Accident or Suicide?				





Name  
in  
Full

Antonio D'Foresti

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

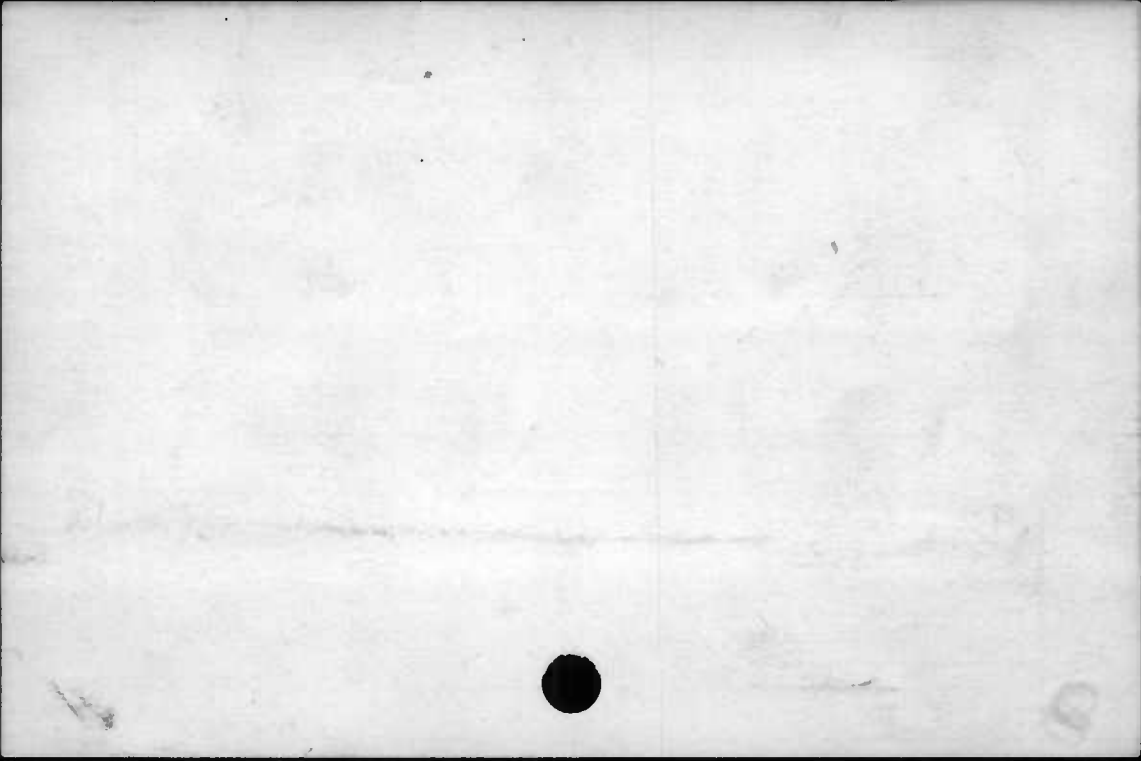
MARYLAND

Died at <i>Westport</i> <sup>Town</sup>		<i>Balto</i> <sup>County</sup>			
Date of death <i>1906</i>	<i>11</i> <sup>Month</sup>	<i>30</i> <sup>Day</sup>	Age <i>35</i> <sup>Years</sup>	<i>—</i> <sup>Months</sup>	<i>—</i> <sup>Days</sup>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Italy</i>		
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>Westport</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Giio Divenzano</i>	Father's Birthplace <i>Italy</i>				
Mother's Maiden Name <i>—</i>	Mother's Birthplace <i>—</i>				
Name of person giving information <i>William Kelle</i>	<i>164</i>			How related to deceased <i>None</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Falling of Sand + gravel</i>	How long <i>Immediate</i>
Immediate <i>Neck Broken</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of <i>August W. Miller</i> Coroner
	Address <i>Mr. Williams</i>
Accident or Suicide? <i>Accident</i>	<i>Ind</i>



Name  
in  
Full

Daniel P. Lorden

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Baltimore		County Baltimore		MARYLAND	
Date of death	1906	Month Nov.	Day 13	Age Years	5	Months	Days
Sex	Male		Color or Race	White		Birth- place	Baltimore
Occupation	None			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Bartholomew Lorden					Father's Birthplace	Ireland
Mother's Maiden Name	Annie Keenan					Mother's Birthplace	Pennsylvania
Name of person giving In formation	Annie Lorden					How related to deceased	Mother

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Enterocolitis	How long	105	How long	about 24 days
Immediate					
Are the name, age, sex, color, date and place correctly given above?		yes			
Signature of Physician		H. J. Richards			
Address		910 Canton St. Baltimore			
Accident or Suicide?		No			

Sacred Heart Cm.  
H. Sander & Sons

Name  
in  
Full

Samuel Lyon

## CERTIFICATE OF DEATH

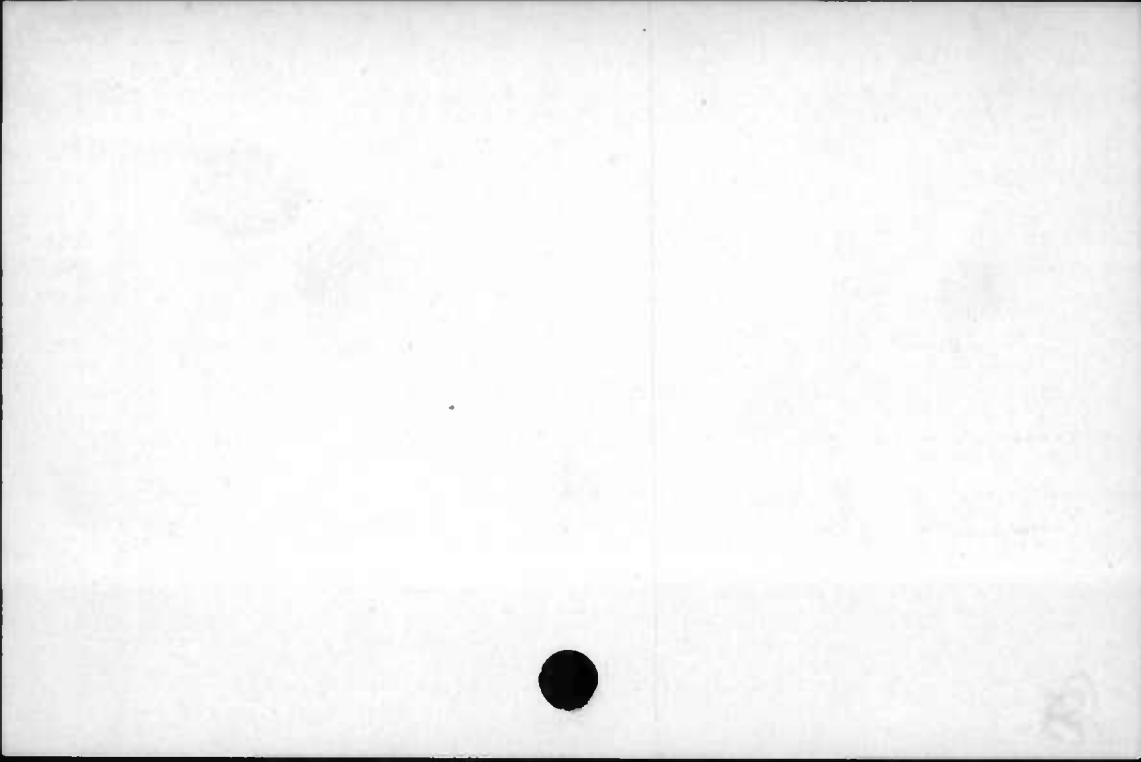
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Mt Hope Retreat</i>		County <i>Baltimore Co</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Nov</i>	Day <i>14<sup>th</sup></i>	Years <i>36</i>	Months <i>unknown</i>	Days <i>unknown</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>W. Va</i>	
Occupation <i>Chairman</i>		Where Residing if not at place of death <i>Clarksburg W. Va</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>unknown</i>			
Father's Name <i>unknown</i>		Father's Birthplace <i>unknown</i>			
Mother's Maiden Name <i>"</i>		Mother's Birthplace <i>"</i>			
Name of person giving information <i>Reed, Mt Hope Retreat</i>		How related to deceased <i>not at all.</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Gastritis - alcoholic</i>	How long <i>2 mos -</i>
Immediate <i>Ex - Cardiac Syncope</i>	How long <i>_____</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Frank J. Flannery MD</i>
	Address <i>Mt Hope Retreat</i>
	<i>Mt Hope Md -</i>
Accident or Suicide? <i>_____</i>	



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Lowson</u> Town		County <u>Balto.</u>	
		Date of death <u>1906</u> Month <u>Nov.</u> Day <u>1</u>		Age <u>58</u> Years	
		Sex <u>Male</u>		Color or Race <u>White</u>	
		Occupation <u>County Surveyor</u>		Birth-place <u>W.D.</u>	
		Where Residing if not at place of death <u>Lowson</u>			
		Married, <u>Yes</u>		Name of <del>Wife</del> <u>Katherine Chew McClean</u>	
		Father's Name <u>Rev. Oliver O. McClean</u>		Father's Birthplace <u>Pa</u>	
		Mother's Maiden Name <u>Anna J. Burghauer</u>		Mother's Birthplace <u>W.D.</u>	
Name of person giving information <u>Katherine Chew McClean</u>		How related to deceased <u>Wife</u>			
PHYSICIAN OR CORONER		CAUSES OF DEATH			
		Primary <u>Multiple <del>myeloma</del> <sup>Gingivitis</sup> with necroses of the alveolar, alveolar, corner, and orbital portions of the frontal bones.</u>			
		Immediate <u>Cardiac Asthenia</u>			
		Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>			
		Signature of Physician <u>J. Bayless Reed M.D.</u>		How long <u>8 months</u>	
		Address <u>Lowson W.D.</u>		How long <u>6 hours</u>	
Accident or Suicide?					

Interment at Prospect Hill  
Cemetery Lawson Md

Undertakers

Stewart & Mowen Co

215 Park Ave

Baltimore  
Md



Name  
in  
Full

Edward J. McDonnell

## CERTIFICATE OF DEATH

Died at		Catonsville		County		Baltimore		MARYLAND	
Date of death		1906	Month	November	Day	28	Age	24	Years
								7	Months
								3	Days
Sex		Male		Color or Race		White		Birth-place	
								Baltimore	
Occupation		Groom		Where Residing if not at place of death		Baltimore			
Married, Single or Widowed		Single		Name of Wife or Husband					
Father's Name		Michael McDonnell		Father's Birthplace		Ireland			
Mother's Maiden Name		Margaret Carey		Mother's Birthplace		Ireland			
Name of person giving information		Mr Max Wags		How related to deceased		Brother in Law			

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Tuberculosis		How long	4 months
	Immediate	Exhaustion		How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
				Address	
				Catonsville	
				Md	
Accident or Suicide?					

Evans & Spence  
Bonne Beau

Name  
In  
Full

Thomas H. Mc Donough

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Mt Hope Reptar<sup>County</sup> BaltimoreDate of death 1906 <sup>Month</sup> Nov <sup>Day</sup> 7thAge 39 <sup>Years</sup> unknown <sup>Months</sup> unknown <sup>Days</sup> unknown

Sex Male

Color or Race White

Birth place Virginia

Occupation Block Maker

Where Residing if not at place of death Portsmouth Va -

Married, Single or Widowed Married

Name of Wife or Husband

unknown

Father's Name unknown

Father's Birthplace unknown

Mother's Maiden Name

11

Mother's Birthplace

11

Name of person giving information

Reeds Mt Store

How related to deceased Not at all

## CAUSES OF DEATH

Primary Melancholia

How long 15 mos -

Immediate St. Post. Paralysis

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Frank J. Flannery

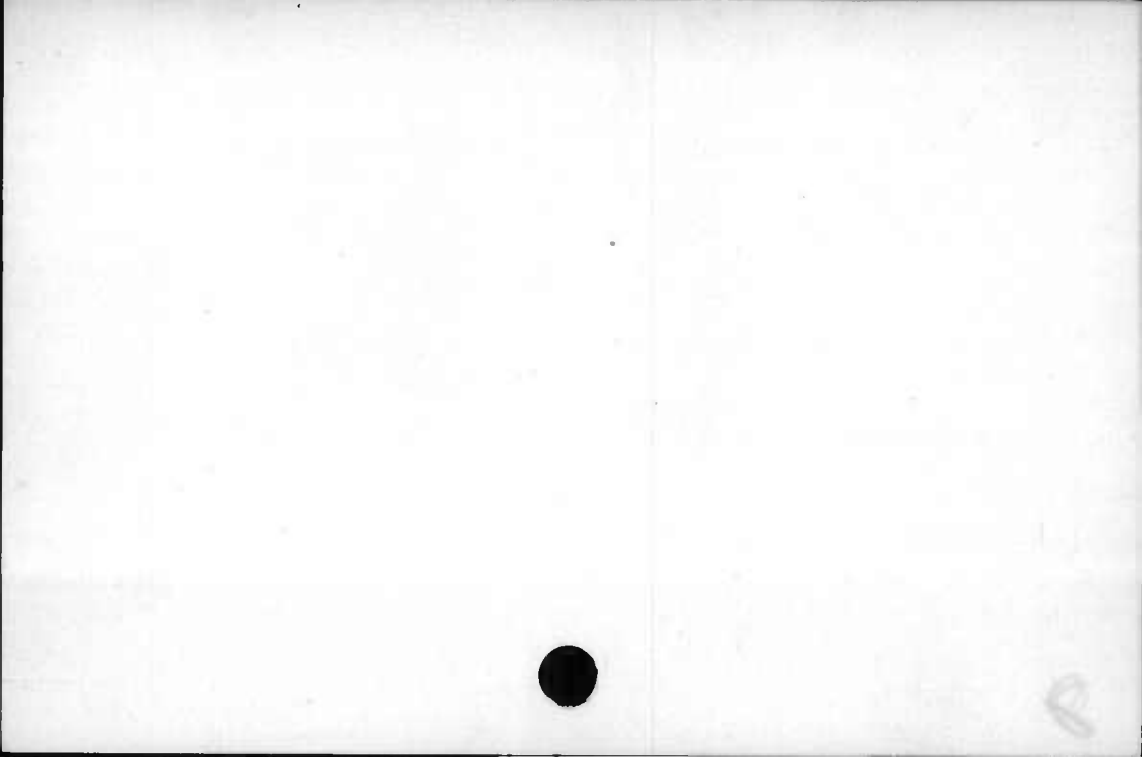
Address

Mt Hope Reptar

Baltimore

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Signatures, Md.

Baltimore Co.

MARYLAND

Date

of death

1906

Month

Nov.

Day

6th

Age

Years

63

Months

11

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Ireland

Occupation

Real Estate

Where Residing if not  
at place of death

222 South St.

Married, single  
or widowed

Married

Name of Wife or  
Husband

Marjorie M. Conner

Father's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
information

U.E. McClanahan M.D.

How related  
to deceased

Son-in-law

## CAUSES OF DEATH

Primary

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

Chronic Nephritis, with  
 Balunlar lesions, followed by Cerebral Hemorrhage  
 with Aphasia,  
 U.E. McClanahan M.D.,  
 #618 N. Clinton St.,  
 Baltimore, Md.

Accident or Suicide?

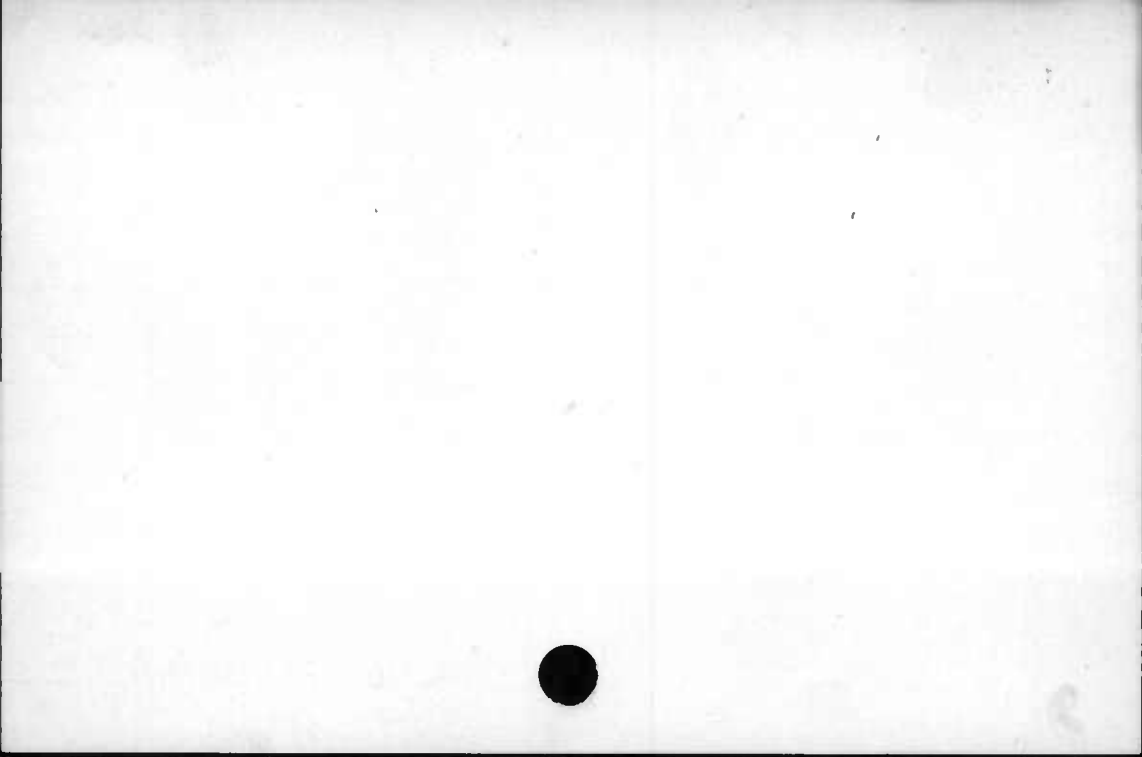
Holy Cross Cemetery

Nov. 10<sup>th</sup> 1906

Germanus Thane

Andersaker

Name in Full		Ellen M Mahon (Sr Angeline)				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND	
	Date of death		Month	Day	Age	Years	Months	
	1906		Nov	11	32	unknown	unknown	
	Sex		Color or Race		Birthplace			
	Female		White		Arizona			
	Occupation		Where Residing if not at place of death					
	Religious - Sr of Charity		Mt Hope Retreat					
	Married, Single or Widowed		Name of Wife or Husband					
Single								
Father's Name		unknown				Father's Birthplace		
Mother's Maiden Name		"				Mother's Birthplace		
Name of person giving information		Reds Mt Hope Retreat				How related to deceased		
						Not at all		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Tuberculosis				How long	
	Immediate		Sx -				How long	
	Are the name, age, sex, color, date and place correctly given above?		yes					
	Signature of Physician		Frank J Flannery					
	Address		Mt Hope Retreat Baltimore Co Md -					
Accident or Suicide? <input checked="" type="checkbox"/>								





Name  
in  
Full

Catherine C. Mack

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Canton</i> Town		<i>Balto</i> County		MARYLAND	
Date of death	<i>1906</i>	Month	<i>Nov.</i>	Day	<i>2</i>
Age		<i>61</i>	Years	<i>6</i>	Months
Sex		<i>Female</i>	Color or Race	<i>White</i>	Birth-place
Occupation		<i>Germany</i>			
Where Residing if not at place of death					
Married, Single or Widowed		<i>Widow</i>			
Name of Wife or Husband					
Father's Name		<i>Henry Albert</i>			
Father's Birthplace		<i>Germany</i>			
Mother's Maiden Name		<i>Henrietta Bernome</i>			
Mother's Birthplace					
Name of person giving information		<i>Mary Mack</i>			
How related to deceased		<i>Daughter</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Paralysis</i>	How long	<i>2 mos</i>
Immediate	<i>Cardiac Failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	
Signature of Physician		<i>Ed Neer</i>	
Address		<i>619 Star Park Ave</i>	
Accident or Suicide?			

Mr. Frier,

— Mt. Carmel

11/5/06.

H. Sander My Son.

Name  
in  
Full

Charles H Martin

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Ellicott City</i> <small>Town</small>		<i>Balto</i> <small>County</small>		MARYLAND	
Date of death	<i>1906</i> <small>Month</small>	<i>Nov</i> <small>Day</small>	<i>24</i> <small>Years</small>	<i>97</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex	<i>Male</i>	Color or Race	<i>white</i>	Birth-place	<i>Maryland</i>
Occupation	<i>Retired</i>		Where Residing if not at place of death <i>Ellicott City</i>		
Married, Single or Widowed	<i>Widower</i>	Name of Wife or Husband <i>—</i>			
Father's Name	<i>don't know</i>			Father's Birthplace	<i>"</i>
Mother's Maiden Name	<i>"</i>			Mother's Birthplace	<i>"</i>
Name of person giving information	<i>Julius Hefling</i>			How related to deceased	<i>Son in Law</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Balto Fracture</i>	How long	<i>2 days</i>
Immediate	<i>General Debility - Shock</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. B. Owens</i>	
<i>yes</i>		Address <i>Ellicott City, Md.</i>	
Accident or Suicide?			



Name

in  
Full

## CERTIFICATE OF DEATH

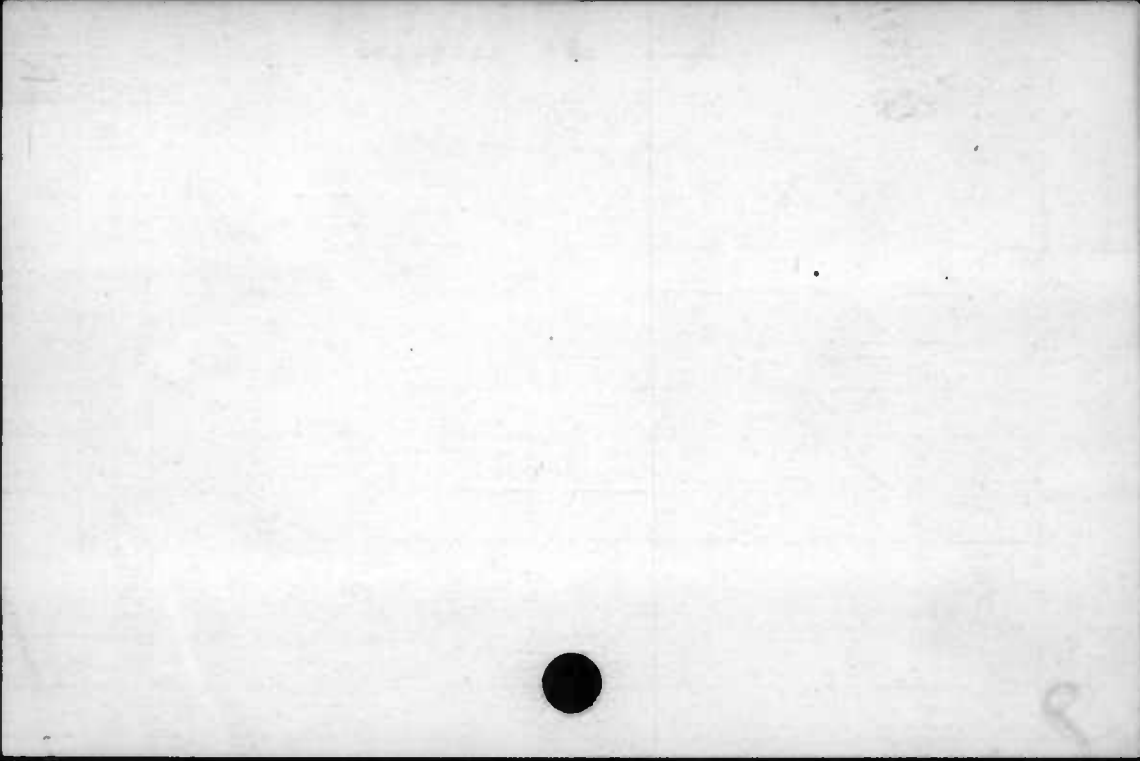
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Long Green</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906</i>	Month <i>Nov.</i>	Day <i>10</i>	Age <i>6</i>	Years <i>6</i>	Months <i></i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i></i>			Where Residing If not at place of death <i></i>		
Married, Single or Widowed <i></i>			Name of Wife or Husband <i></i>		
Father's Name <i>Daniel K. Mast</i>			Father's Birthplace <i>Maryland.</i>		
Mother's Maiden Name <i>Sadie Isenrock</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Daniel K. Mast</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Diphtheritic Croup</i>	How long <i>5 days</i>
Immediate <i>"</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Wm. S. Schenck</i>
	Address <i>Sittinge</i>
Accident <i>or</i> <del>Outside</del>	



Name  
in  
Full

## CERTIFICATE OF DEATH

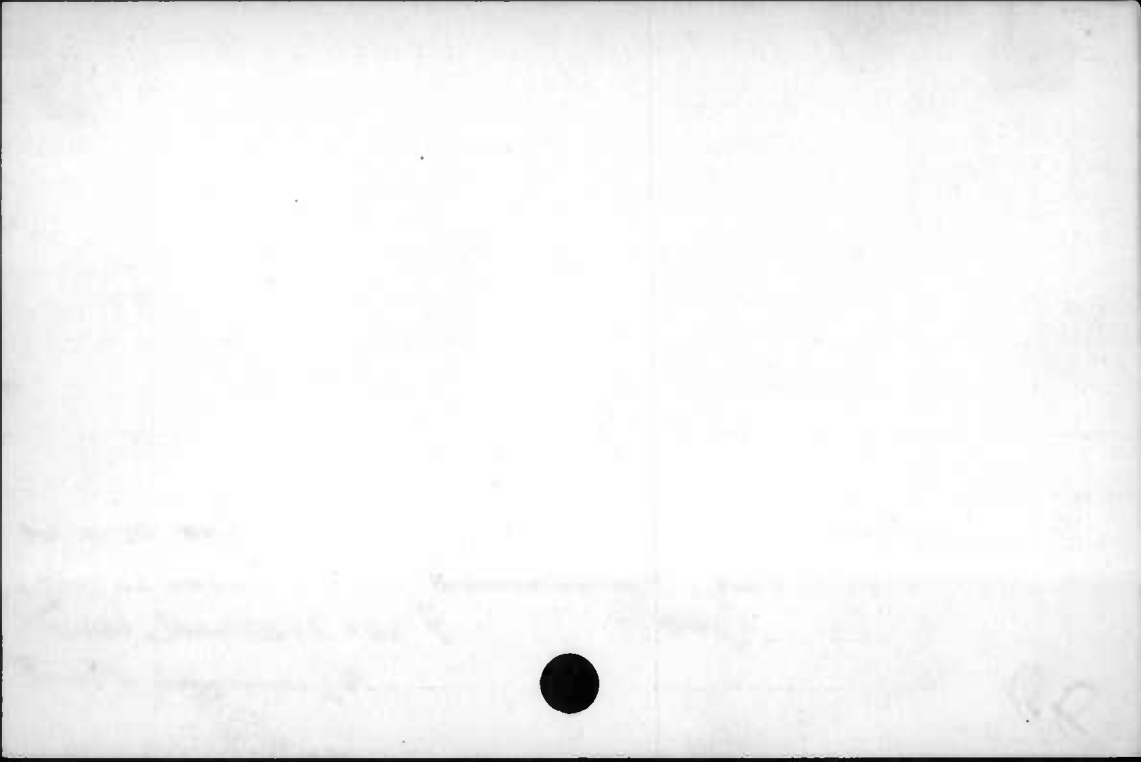
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town MOUNTAIN		County BALTO		MARYLAND	
Date of death 1906		Month NOV		Day 24		Age 32	
Sex Female		Color or Race colored		Birth- place Kireford			
Married, Single or Widowed Single		Occupation Maid Schraugh					
Name of Wife or Husband							
Father's Name Nicholas Mayers				Father's Birthplace Pall Co			
Mother's Maiden Name Mary Jane Cordery				Mother's Birthplace Shenandoah			
Name of person giving In formation James H Mayers				How related to deceased Brother			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Typhoid Fever		How long 3 weeks	
Immediate Uræmia & Intestinal Hemorrhage		How long 36 hours	
Are the name, age, sex, color, date and place correctly given above? Geo		Signature of Physician A. R. Mitchell	
		Address MOUNTAIN	
Accident or Suicide?			





Name

in.  
Full

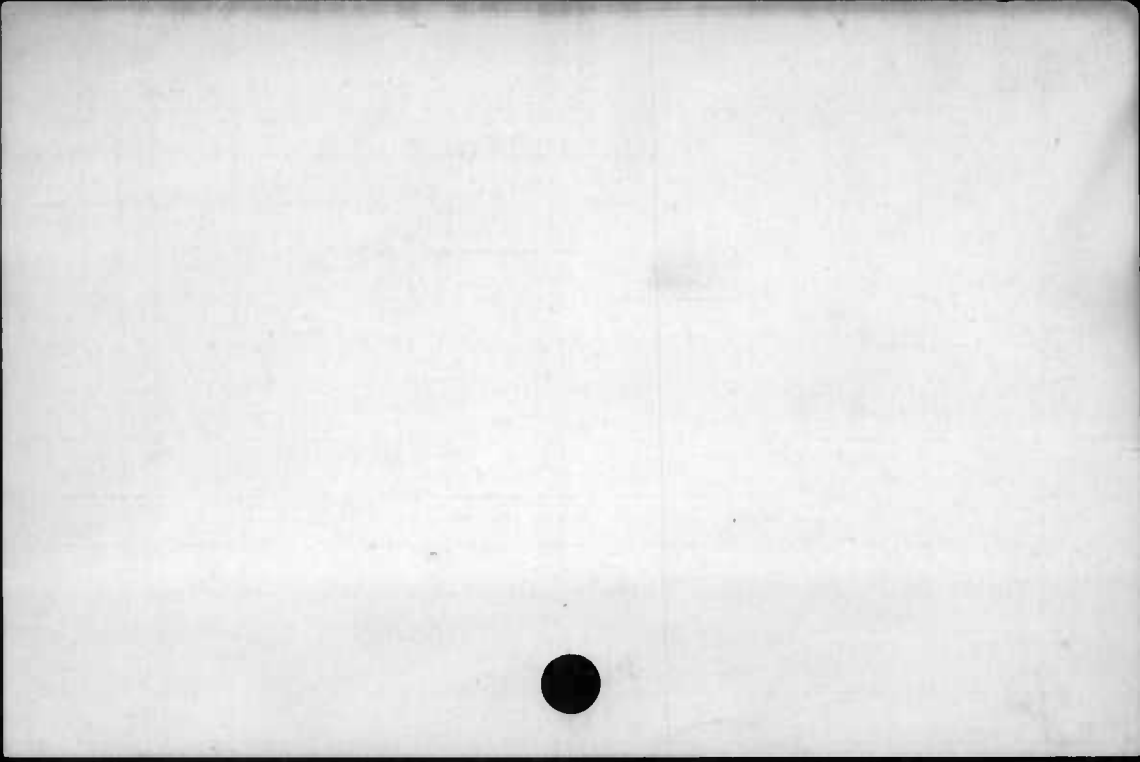
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>John Migal</i>		Town <i>Sparrows Point</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1900</i>		Month <i>Nov.</i>	Day <i>8</i>	Age <i>38</i>	Years <i>yr</i>	Months <i>0</i>	Days <i>0</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Europe</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Dory Migal</i>					
Father's Name <i>C</i>		Father's Birthplace <i>C</i>					
Mother's Maiden Name <i>D</i>		Mother's Birthplace <i>C</i>					
Name of person giving in formation <i>Dory Migal</i>		How related to deceased <i>Wife</i>					

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Pneumonia</i>	How long	<i>Two weeks</i>
	Immediate	<i>Plethoric Pulmonary</i>	How long	<i>One week</i>
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>			
Signature of Physician		<i>F. Le. Eldred, M.D.</i>		
Address		<i>Sparrows Point</i>		
<input checked="" type="radio"/> Accident or Suicide?				



Name  
in  
Full

Ernest Millitzer

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Franklinville</i>		Town <i>Franklinville</i>		County <i>Baldwin</i>		STATE OF <i>MARYLAND</i>	
Date of death <i>1906</i>	Month <i>11</i>	Day <i>16<sup>th</sup></i>	Age <i>86</i>	Years <i>86</i>	Months <i>—</i>	Days <i>—</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>				
Occupation <i>Teacher</i>	Where Residing if not at place of death <i>Place of death</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband						
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving Information <i>Wm C Wright</i>				How related to deceased <i>None</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Arterio Sclerosis</i>	How long <i>6 months</i>
Immediate <i>Central Sclerosis - 3<sup>rd</sup> attack</i>	How long <i>after hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm C Wright</i>
<i>No</i>	Address <i>Franklinville Md</i>
Accident or Suicide? <i>No</i>	

Lutheran Cemetery  
12 miles N.W.

Name  
in  
Full

George Möller

## CERTIFICATE OF DEATH

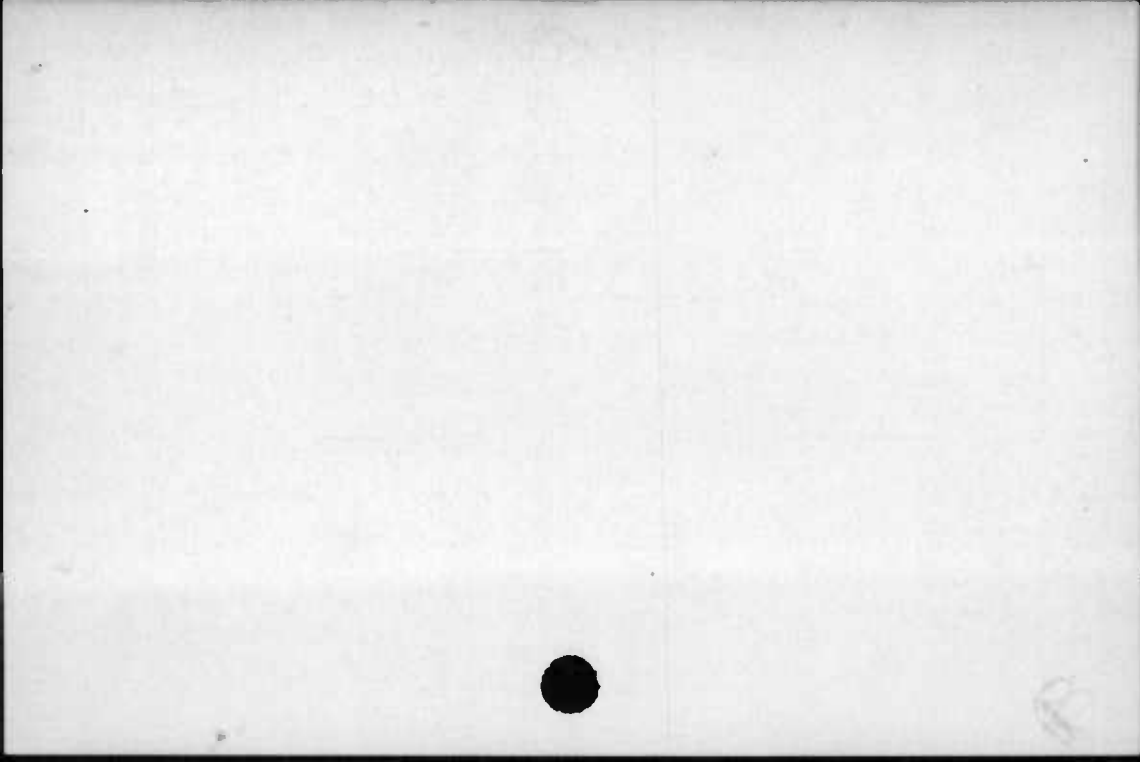
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Georgetown</i> <sup>Town</sup>		<i>Belt</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906</i> <sup>Month</sup> <i>Nov</i>		<i>15</i> <sup>Day</sup>		<i>52</i> <sup>Years</sup>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Maryland</i>	
Occupation <i>Laborer</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>none</i>			
Father's Name <i>Valentine Möller</i>		Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Teresea Deuring</i>		Mother's Birthplace <i>Germany</i>			
Name of person giving information <i>Frank Möller</i>		How related to deceased <i>Maryland</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Epilepsy</i>	<i>(1906)</i>	How long <i>4/5</i>
Immediate <i>Convulsion</i>		How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm D Corse M.D.</i>	
	Address <i>Gardenville Md.</i>	
Accident or Suicide?		



Name  
In  
Full

Cornelius Moore

CERTIFICATE OF DEATH

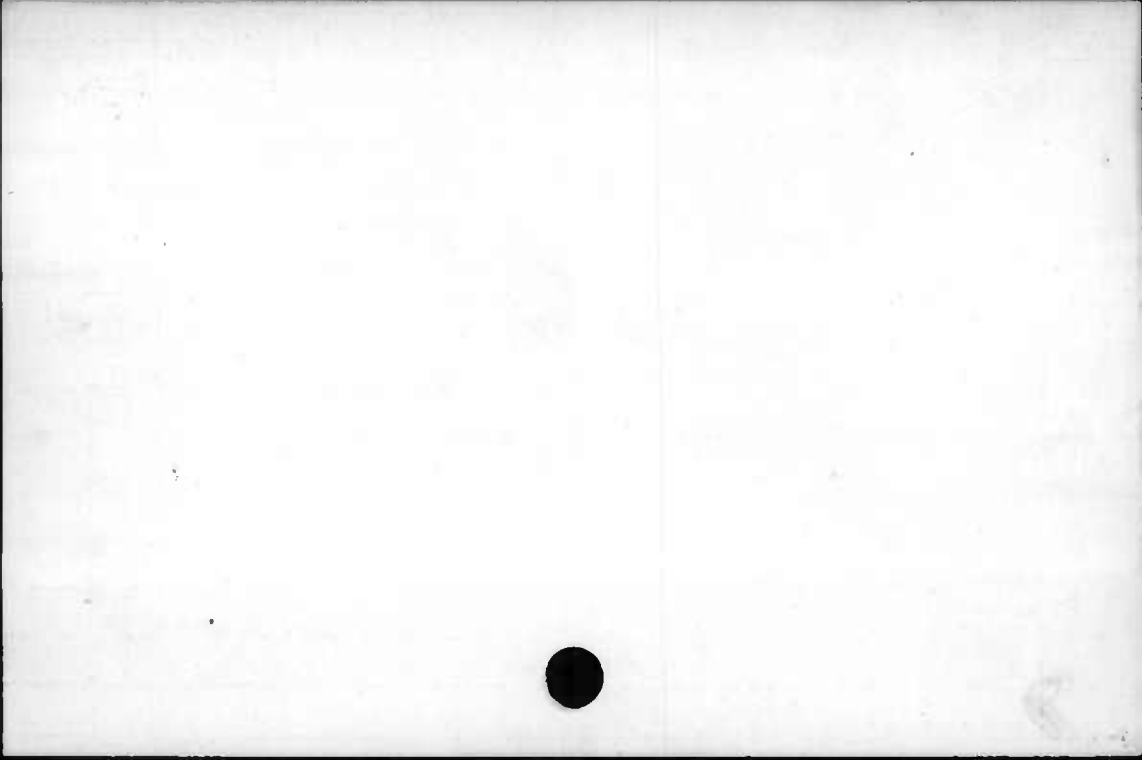
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Highlandtown		County <sup>County</sup> Balt		MARYLAND	
Date of death 1906		Month Nov	Day 14	Age 18	Years 6
Sex Male		Color or Race White		Birth-place Balt.	
Occupation Nurse		Where Residing If not at place of death 6 N. Clinton St			
Married, Single or Widowed Single		Name of Wife or Husband -			
Father's Name Thomas Moore		Father's Birthplace Balt & G			
Mother's Maiden Name Mary Powers		Mother's Birthplace Hartford G			
Name of person giving information Mary Powers		How related to deceased Mother			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Pulmonary Tuberculosis	How long 18 Mos
Immediate Exhaustion	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician J. F. Powers MD
	Address 2371 E. Dorchester St.
Accident or Suicide?	





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Jane Closs</i>		Town <i>Catonsville</i>		County <i>Baltimore</i>		MARYLAND			
Died at		Date of death 190		Age		Months		Days	
		<i>6 November 18</i>		<i>60</i>		<i>x</i>		<i>x</i>	
Sex <i>Female</i>		Color or Race <i>White, Irish</i>		Birth- place <i>Ireland</i>					
Married, Single or Widowed <i>Single</i>		Occupation <i>Domestic</i>							
Name of Wife or Husband <i>x</i>									
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>							
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>							
Name of person giving In formation <i>Hospital Registrar</i>		How related to deceased <i>Not related</i>		<i>19</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Mitral Insufficiency</i>		How long <i>1 yr.?</i>	
Immediate <i>irritation &amp; Noncompensation</i>		How long <i>3 weeks -</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. Percy Wade M.D.</i>	
		Address <i>Catonsville, Md -</i>	
Accident or Suicide? <i>8</i>			



Name  
in  
Full

John Herman Muller

## CERTIFICATE OF DEATH

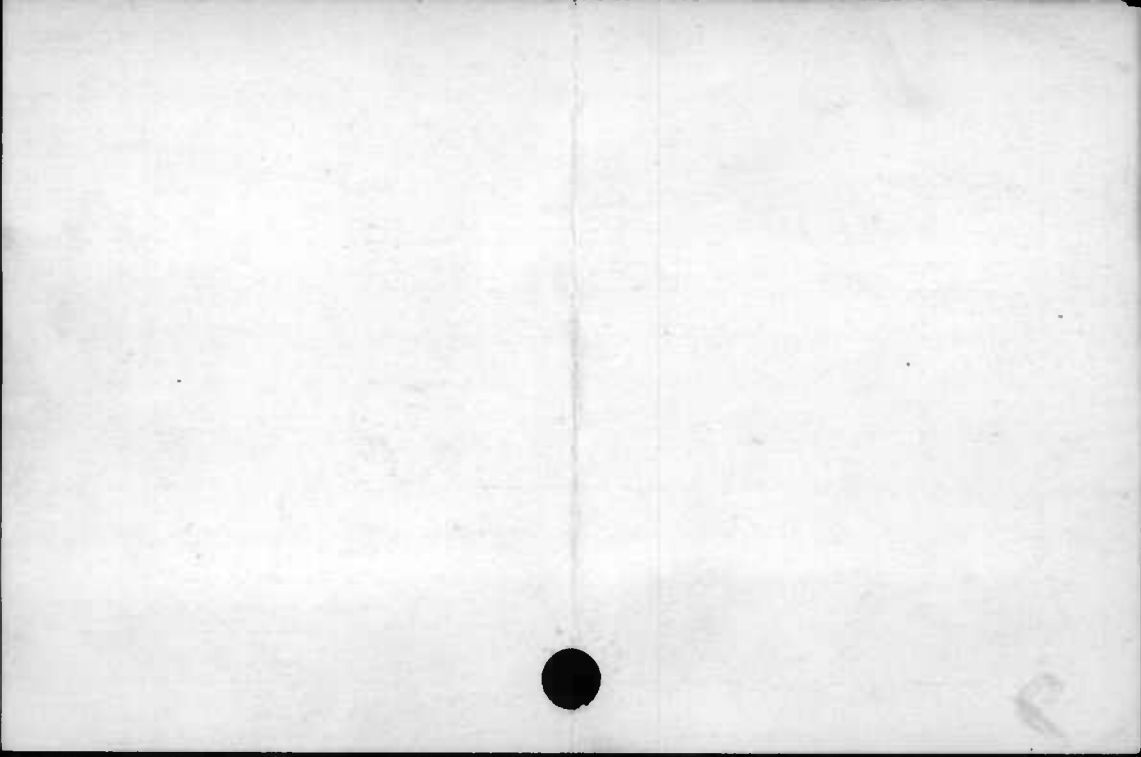
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Long Green			<sup>County</sup> Baltimore		MARYLAND	
Date of death 1906		Month Nov.	Day 11	Years 62	Months	Days
Sex Male		Color or Race White		Birth-place Germany		
Occupation None			Where Residing if not at place of death			
Married, Single or Widowed Married		Name of Wife <del>or</del> Husband J. E. Muller				
Father's Name Unknown		Father's Birthplace Unknown				
Mother's Maiden Name "		Mother's Birthplace "				
Name of person giving information		Herman Muller			How related to deceased Son	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	General nervous Condition	How long	5 years
Immediate	Breaking down of brain substance	How long	6 months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. S. Green	
		Address Pittsburg	
<input checked="" type="checkbox"/> Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

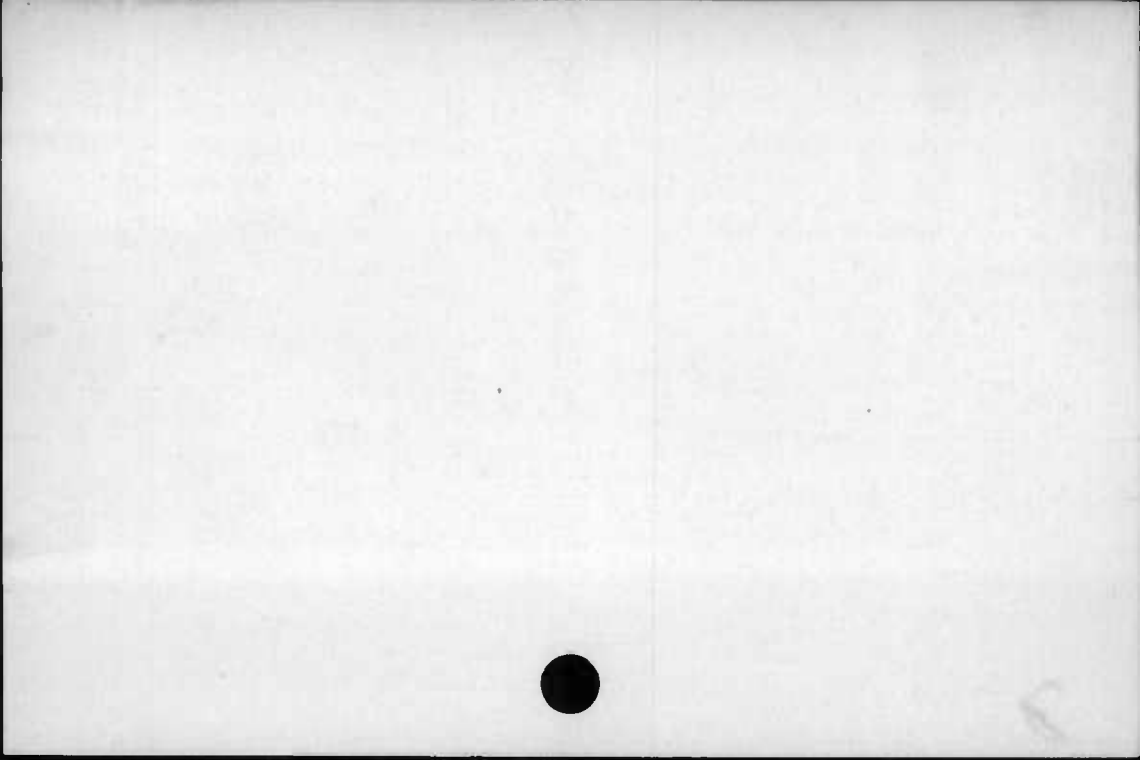
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>John Murk</i>		Town <i>near Calomville</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>near Calomville</i>		Month <i>Nov</i>		Day <i>26</i>		Years <i>82</i>	
Date of death <i>1906</i>		Month <i>Nov</i>		Day <i>26</i>		Years <i>82</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>		Months <i>-</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>-</i>		Days <i>-</i>		Days <i>-</i>	
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>-</i>		Father's Name <i>George Murk</i>		Father's Birthplace <i>Germany</i>	
Mother's Maiden Name <i>Not known</i>		Name of person giving information <i>Freak Murk</i>		Mother's Birthplace <i>-</i>		How related to deceased <i>Son</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Senility.</i>	How long <i>Several years</i>
Immediate <i>Exhaustion</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. C. L. Mattfeldt</i>
	Address <i>Calomville Md</i>
Accident or Suicide? <i>8</i>	



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Halethorpe</i>		<i>Balto</i> County		MARYLAND
	Date of death <i>1906</i>	Month <i>Nov</i>	Day <i>14</i>	Age <i>59</i>	Months <i>59</i> Days <i>14</i>
	Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Ireland</i>	
	Occupation <i>Horse Shaver</i>	Where Residing if not at place of death <i>Halethorpe Md.</i>			
	Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Annie E. Murphy</i>			
	Father's Name <i>Patrick Murphy</i>	Father's Birthplace <i>Ireland</i>			
	Mother's Maiden Name <i>Annie Ward</i>	Mother's Birthplace <i>" "</i>			
	Name of person giving information <i>Annie E. Murphy</i>	How related to deceased <i>Wife</i>			
PHYSICIAN OR CORONER	CAUSES OF DEATH				
	Primary <i>Enteritis</i>	<i>Nov</i>		How long <i>Two months</i>	
	Immediate			How long <i>" "</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. Harper</i>		Address <i>Halethorpe</i>	
	<i>Filed 11-20-1906</i>		<i>106</i>		
Accident or Suicide? <i>8</i>					

*New Cathedral Cemetery*

MARTIN FAHEY & SONS,  
Funeral Directors & Embalmers,

606 & 608 W. LaFayette Ave.

TELEPHONE 1993, —



Name  
In  
Full

Bernard A. Murray.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>St Agnes Hospital</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death	<i>1906</i>	Month	<i>Nov.</i>	Day	<i>9</i>	Age	<i>43</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Years		Months	<i>3</i>
Birth-place		<i>Ireland</i>		Days		<i>21</i>	
Occupation <i>Restaurant</i>		Where Residing if not at place of death <i>3 W Lombard.</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Bessie A. Murray.</i>					
Father's Name <i>Thomas Murray.</i>		Father's Birthplace <i>Ireland.</i>					
Mother's Maiden Name <i>Mary Murray</i>		Mother's Birthplace <i>Ireland</i>					
Name of person giving information <i>Bessie A. Murray</i>		How related to deceased <i>Wife</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

*Acute alcoholism*

How long

Immediate

*Collapse*

How long

Are the name, age, sex, color, date and place correctly given above?

*Yes*

Signature of Physician

Address

*J. W. Shaw**St Agnes Hospital*

Accident or Suicide?



Name  
in  
Full

Bortora Nares

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Washington Road* *Beeto* County  
 Date of death *1906* *Nov* *16* *79* Months *5* Days *1*  
 Sex *Female* Color or Race *White* Birth-place *Germany*  
 Occupation *None* Where Residing if not at place of death *Washington Road*  
 Married, Single or Widowed *Widow* Name of Wife or Husband *Christopher Nares*  
 Father's Name *Meyer* Father's Birthplace *Germany*  
 Mother's Maiden Name *Geyer* Mother's Birthplace *Germany*  
 Name of person giving information *Geyer Nares* How related to deceased *Son*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Senile Gangrene of foot* How long *3 mo*  
 Immediate *Exhaustion* How long  
 Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *J. B. Hall*  
 Address *1st Mans*  
 Accident or Suicide?

for Jordan's  
Home Place

Name  
in  
Full

Nannie M. Perkins

## CERTIFICATE OF DEATH

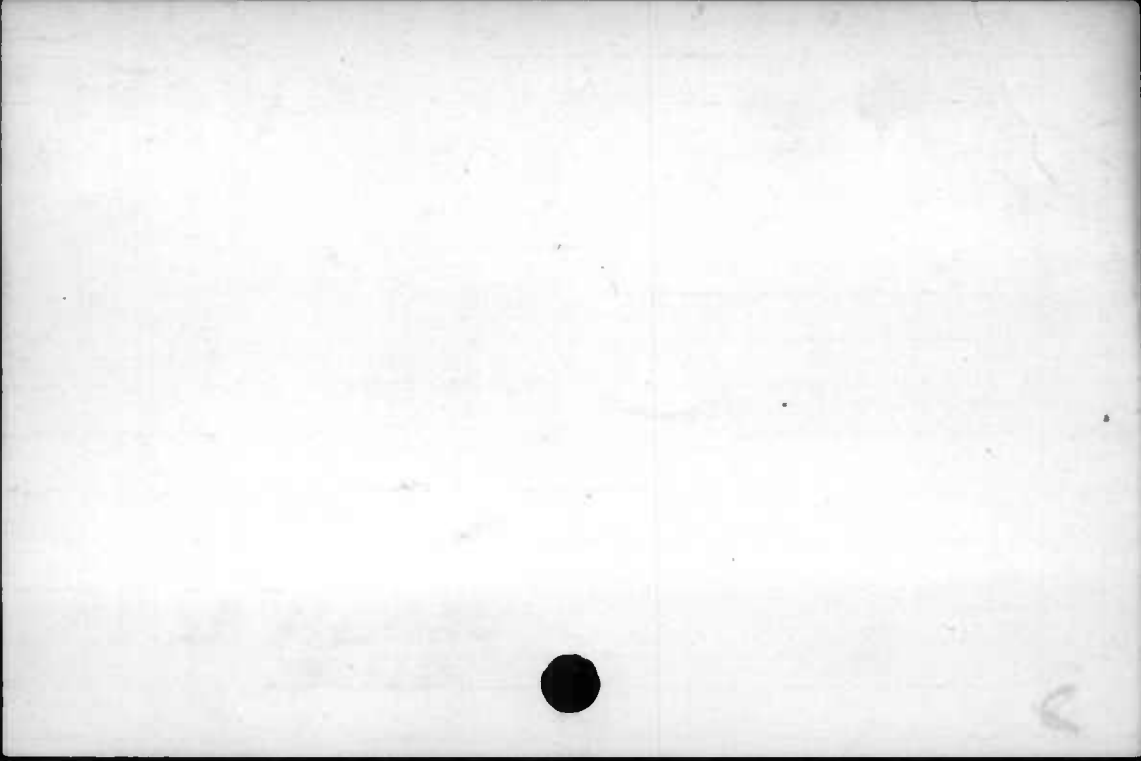
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Forest Park</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>11</i>	Day <i>8</i>	Age <i>43</i>	Years <i>43</i>	Months <i>11</i>	Days	
Sex <i>Female</i>	Color or Race <i>W.</i>		Birth-place <i>Maryland</i>				
Occupation <i>X</i>			Where Residing If not at place of death <i>X</i>				
Married, <del>Single</del> <del>or Widowed</del>			Name of <del>Wife or</del> Husband <i>Harry L. Perkins</i>				
Father's Name <i>Joseph W. Abern</i>			Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Sophia C. Fuller</i>			Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>Harry L Perkins</i>			How related to deceased <i>Husband</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Bright's Disease</i>	How long <i>5 or 6 years</i>
Immediate <i>Uremia</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Henry Chaudlee M.D.</i>
	Address <i>742 W. North av.</i>
Accident or Suicide? <i>X</i>	



Name in Full		CERTIFICATE OF DEATH			
Mary P. Phelps		TOWN BATTLE			
Died at		MARYLAND			
Date of death		Month	Day	Age	Years
1906		Nov	13	58	4
Sex		Color or Race	Birthplace		
Female		White	Baltimore		
Occupation		Where Residing if not at place of death			
Housewife		Baltimore			
Married, Single or Widowed		Name of Wife or Husband			
Married		Alvin J. Phelps			
Father's Name		Father's Birthplace			
Wm Quinn		Deland			
Mother's Maiden Name		Mother's Birthplace			
not known		Deland			
Name of person giving information		How related to deceased			
Alvin J. Phelps		Husband			
CAUSES OF DEATH					
Primary		How long			
Consumption pulm. fol. Pneumonia		7 mo			
Immediate		How long			
Madness & wasting		7 mo			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
Yes		Ed Smith M.D.			
		Address			
		1605 W North Ave.			
		Baltimore			
Accident or Suicide?					

David Ridgway

Nov. 16 - 06

J. S. Marshall

3539 Falls Road



Name  
in  
Full

*Hda Pobletts*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Reisterstown</i>		Town <i>Reisterstown</i>		County <i>Balto</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Nov</i>	Day <i>6</i>	Age <i>—</i>	Years <i>—</i>	Months <i>3</i>	Days <i>—</i>	
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Balto co. Md</i>				
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband <i>—</i>				
Father's Name <i>William E. Pobletts</i>			Father's Birthplace <i>Balto co Md</i>				
Mother's Maiden Name <i>Mollie B Constantine</i>			Mother's Birthplace <i>" " "</i>				
Name of person giving information <i>William E. Pobletts</i>			How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Alaunus</i>	How long <i>1 month</i>
Immediate <i>Convulsions</i>	How long <i>1 hour</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Franklin H Erb.</i>
	Address <i>Reisterstown</i>

Accident or Suicide?

Deer Park

Name  
in  
Full

Edward Zwick.

## CERTIFICATE OF DEATH

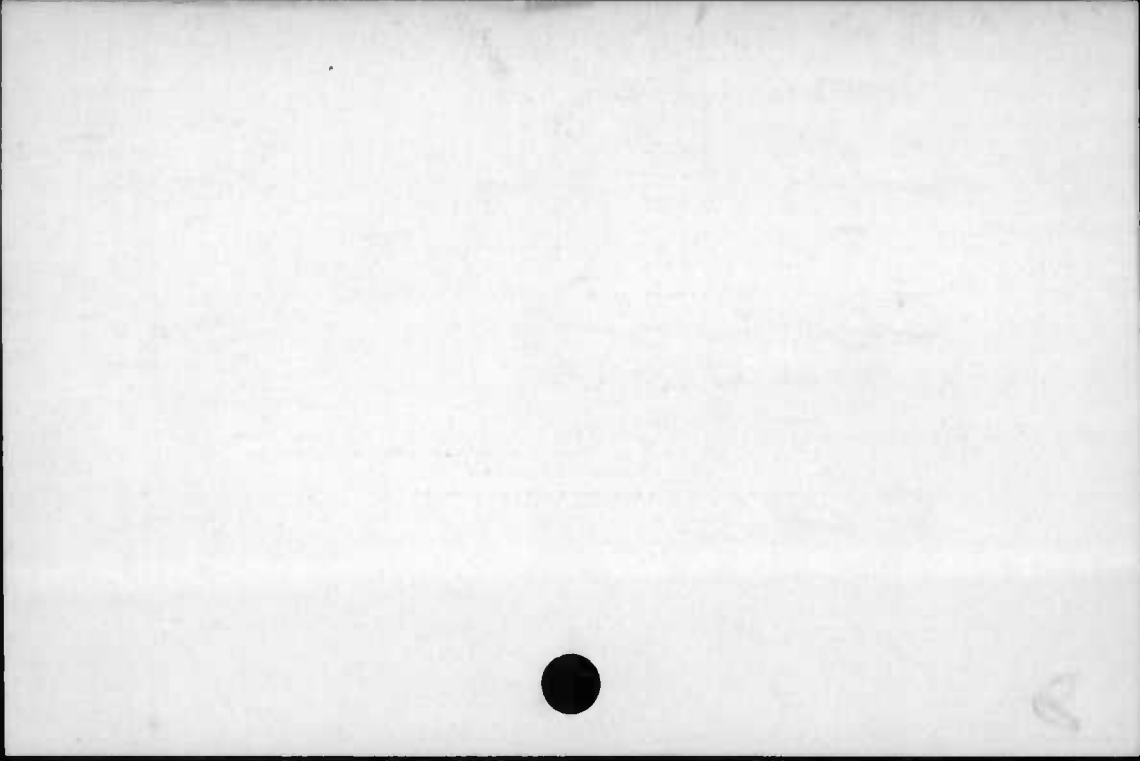
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>St Agnes Hospital</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Nov.</i>	Day <i>17</i>	Age <i>43</i>	Years <i>43</i>	Months <i>—</i>	Days <i>—</i>	
Sex <i>Male.</i>	Color or Race <i>white</i>		Birth-place <i>England.</i>				
Occupation <i>Saloon Keeper.</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband					
Father's Name <i>Edward Zwick.</i>				Father's Birthplace <i>Ireland</i>			
Mother's Maiden Name <i>Hanna Nagle</i>				Mother's Birthplace <i>"</i>			
Name of person giving information <i>Deceased</i>				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Lobar Pneumonia.</i>	How long <i>8 days.</i>
Immediate <i>Toxemia.</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>J. W. Shaw,</i>
	Address <i>St Agnes Hospital.</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

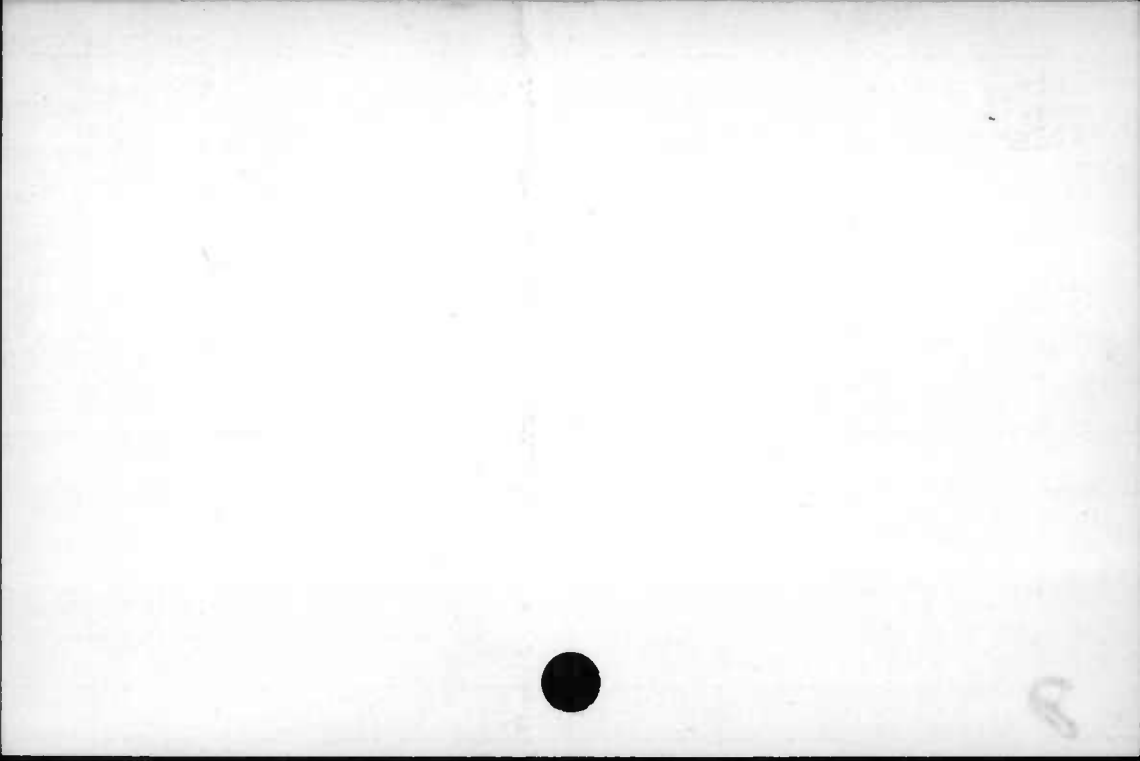
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Alice H. Rawlings</i>		Town <i>Warren Md.</i>		County <i>Balto</i>		MARYLAND	
Died at <i>Warren Md.</i>		Date of death <i>1906 Nov. 18</i>		Age <i>5</i>		Months <i>5</i>	
Sex <i>female</i>		Color or Race <i>white</i>		Birthplace <i>Warren Md</i>		Days <i>—</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Chas Rawlings</i>		Father's Birthplace <i>Balto.</i>					
Mother's Maiden Name <i>Rose Christie</i>		Mother's Birthplace <i>Balto Co.</i>					
Name of person giving information <i>H Christie</i>		How related to deceased <i>Father.</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Scarletina</i>	How long <i>8 days</i>
Immediate <i>Convulsions</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>B. T. Bury</i>
	Address <i>Texas Ind</i>
Accident or Suicide? <i>8</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Highlandtown</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1906</i>	Month <i>Nov.</i>	Day <i>11</i>	Age <i>—</i>	Months <i>—</i> Days <i>3</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Falto. Co. Md.</i>		
Occupation <i>None</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>George L. Reif</i>	Father's Birthplace <i>Md.</i>				
Mother's Maiden Name <i>Maggie Berger</i>	Mother's Birthplace <i>Germany</i>				
Name of person giving information <i>George L. Reif</i>	How related to deceased <i>Father</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Premature Birth</i>	How long <i>151</i>
Immediate <i>Tru in Utero</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas. H. H. H.</i>
	Address <i>2 Hudson St. N.Y.</i>
Accident or Suicide? <i>—</i>	

Holy Redeemer Cemetery

Nov. 12<sup>th</sup> 1906

Germanus France

Under the



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date		Month		Day		Years	
of death 1906		Nov.		17		Age	
Sex		Color or Race		Birth-place		Days	
Female		White		Md.			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Edward Reynolds				Md.			
Mother's Maiden Name				Mother's Birthplace			
Elen R. Alexandria				Md.			
Name of person giving Information				How related to deceased			
Theo. Alexandria				Grandfather			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		How long	
Still Born			
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Wm. H. Ward, M.D.	
		Address	
		Harrisonville	
Accident or Suicide?		Md.	



Name  
in  
Full

Grene E. Redgeley

## CERTIFICATE OF DEATH

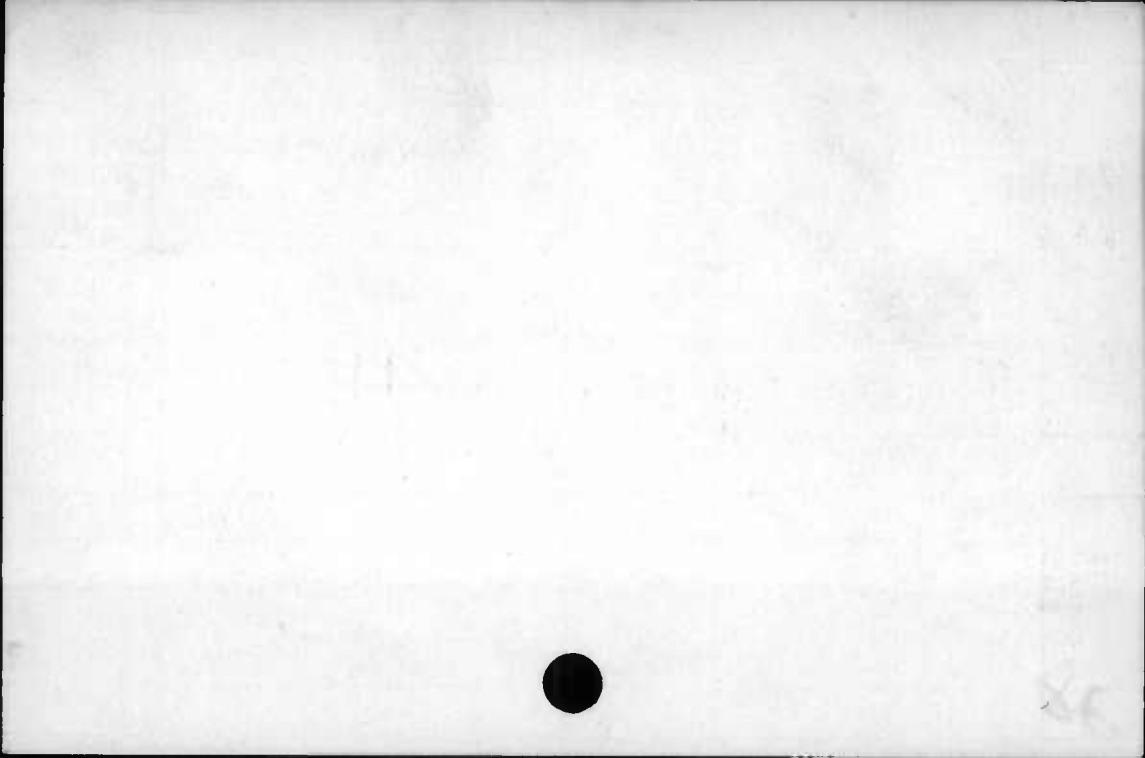
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Oella</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death <u>1906</u> Month <u>November</u> Day <u>16</u>		Age <u>4</u> Years		Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Howard Co</u>		
Occupation <u>—</u>		Where Residing if not at place of death <u>Oella</u>			
Married, Single or Widowed <u>—</u>		Name of Wife or Husband			
Father's Name <u>Nicholas Redgeley</u>			Father's Birthplace <u>Howard Co</u>		
Mother's Maiden Name <u>Ida Johnston</u>			Mother's Birthplace <u>Howard Co</u>		
Name of person giving information <u>D. H. B. O'Connell</u>			How related to deceased <u>brother</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Croup Membranous</u>	How long <u>2 weeks</u>
Immediate <u>in asphyxia</u>	How long <u>24 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. H. B. O'Connell</u>
	Address <u>Oella Md</u>
Accident or Suicide? <u>—</u>	



Name  
in Full

## CERTIFICATE OF DEATH

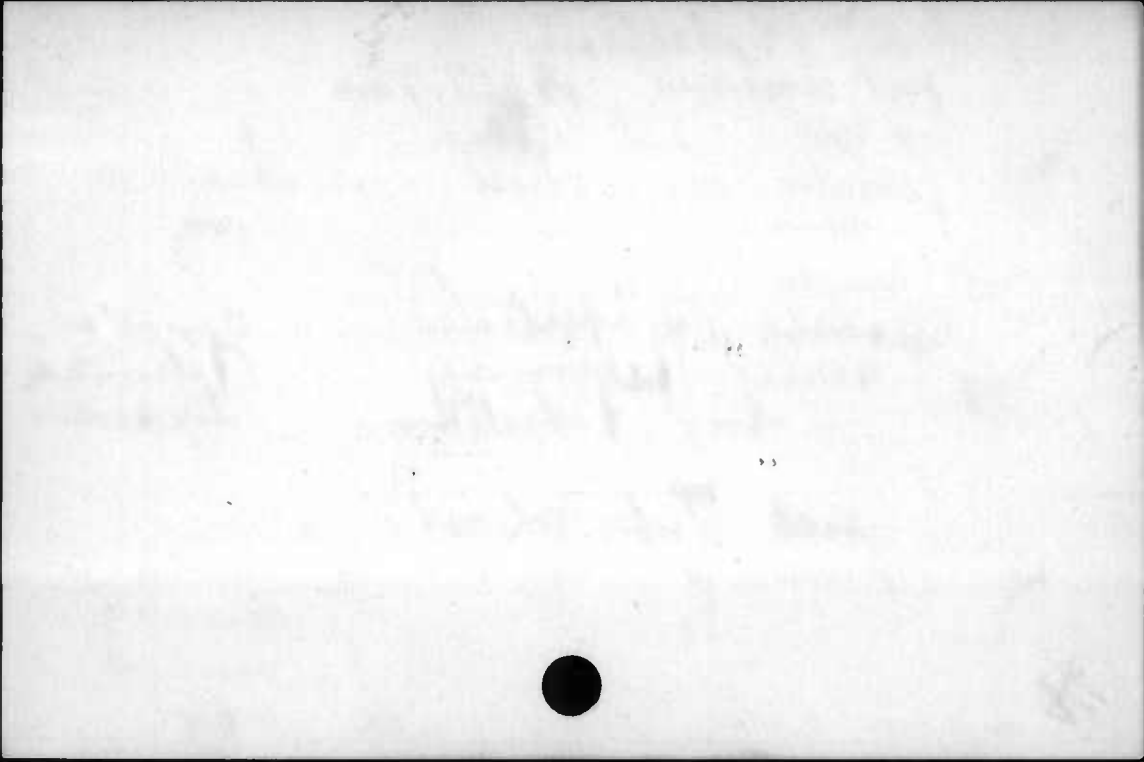
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Edla</u> <sup>Town</sup>		<u>TB</u> <sup>County</sup>		MARYLAND	
Date of death	1906	Month	Nov	Day	22
		Age	2	Years	2
				Months	8
				Days	
Sex	<u>Male</u>		Color or Race	<u>White</u>	
Occupation			Birth-place	<u>MD</u>	
			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
<u>Nicholas Bridgley</u>			<u>MD</u>		
Mother's Maiden Name			Mother's Birthplace		
<u>Ida B. Johnson</u>			<u>MD</u>		
Name of person giving information			How related to deceased		
<u>Ida Johnson</u>			<u>MD</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Laryngeal diphtheria</u>	How long	<u>6 days</u>
Immediate	<u>Exhaustion</u>	How long	<u>3 hours</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<u>N. C. Smith M.D.</u>	
		Address	
		<u>Ellicott City</u>	
Accident or Suicide?			



Name  
in  
Full

Ada Robertson

## CERTIFICATE OF DEATH

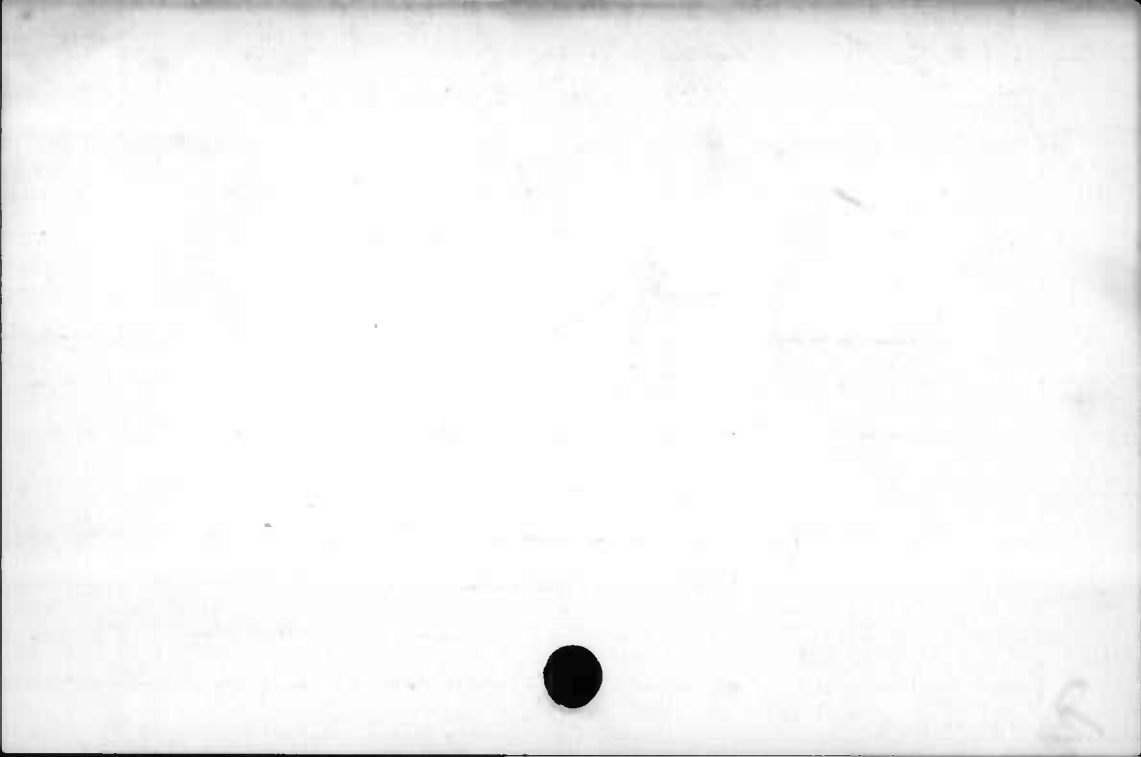
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
mt wicomas		Baltimore					
Date of death	1906	Month	Nov	Day	1st	Years	Age 21
Sex		female		Color or Race		white	
Occupation		—		Birth-place		Baltimore	
				Where Residing if not at place of death		—	
Married, Single or Widowed		Single		Name of Wife or Husband		—	
Father's Name		Jessie Robertson		Father's Birthplace		Canoller.	
Mother's Maiden Name		Mary Helmring		Mother's Birthplace		Baltimore	
Name of person giving information		David Robertson		How related to deceased		Step Brother.	

## CAUSES OF DEATH

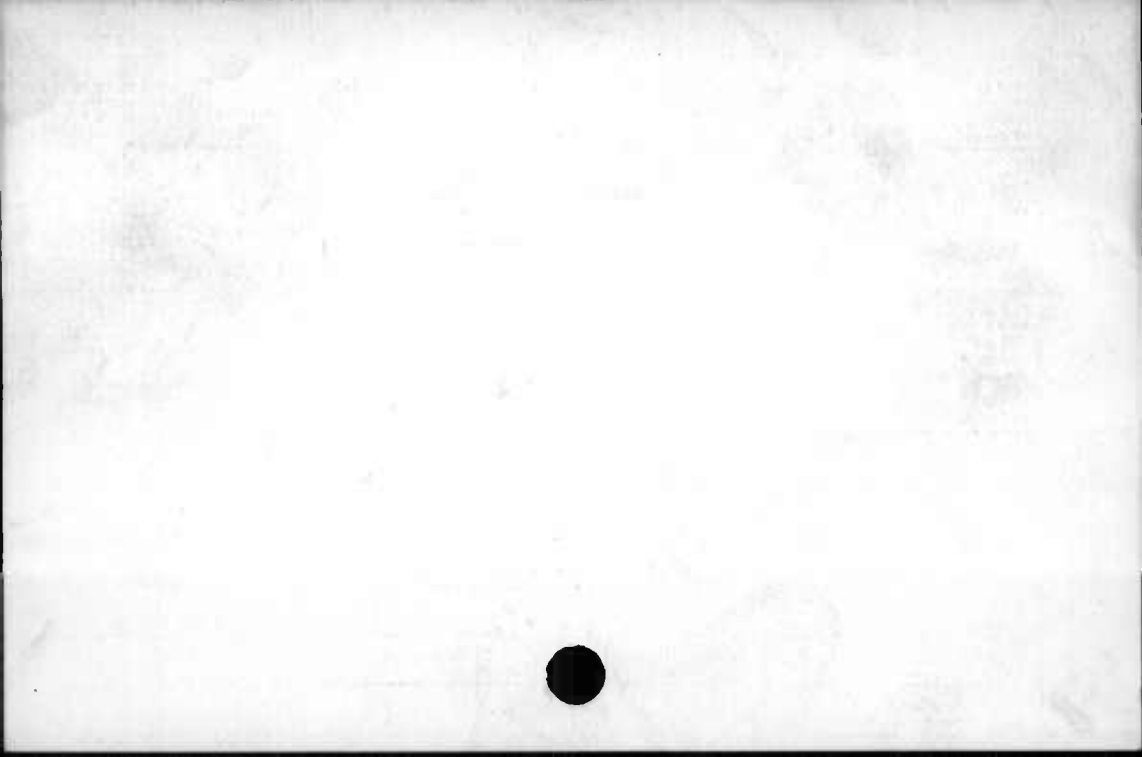
PHYSICIAN  
OR CORONER

Primary	General Tuberculosis.	How long	34
Immediate	Edema of Lung.	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		R. W. Plummer	
Address		mt wicomas	
		Md.	
Accident or Suicide?			





Name in Full		Vernon H. Robinson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Cella		Balt.		MARYLAND	
	Date of death	1906	Month	Nov.	Day	19	Years
	Sex	Male		Color or Race	White		Birthplace
	Occupation			Where Residing if not at place of death		Cella	
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name	James T Robinson				Father's Birthplace	Maryland
	Mother's Maiden Name	Bernice H Frey.				Mother's Birthplace	Maryland
Name of person giving information	James T Robinson				How related to deceased	Father.	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Marasmus				How long	6 weeks
	Immediate	Cannulism				How long	
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
					Address		
	Accident or Suicide?						



Name  
in Full

## CERTIFICATE OF DEATH

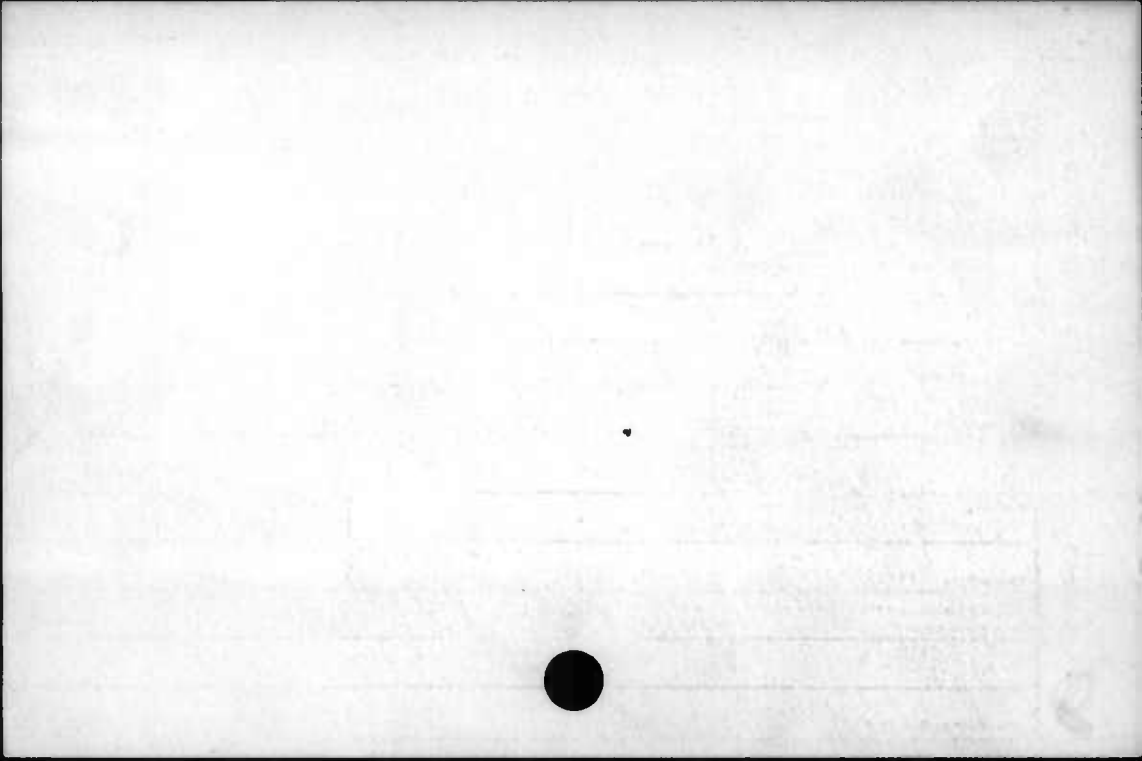
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Mary Anna Rodgers</i>		Town <i>Baltimore</i>		County <i>Balto</i>		MAYLAND	
Died at		Date of death 190		Age		Months	
		<i>6 Nov</i>		<i>30</i>		<i>11</i>	
Sex <i>Female</i>		Color or Race <i>American</i>		Birth-place <i>Baltimore</i>		Days <i>15</i>	
Married, Single or Widowed <i>Single</i>		Occupation <i>—</i>					
Name of Wife or Husband							
Father's Name <i>James W. Rodgers</i>				Father's Birthplace <i>Balto</i>			
Mother's Maiden Name <i>Luna V. Graham</i>				Mother's Birthplace			
Name of person giving information <i>Harry Rodgers</i>				How related to deceased <i>Brother</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>4 years</i>
Immediate	<i>Tuberculous Peritonitis</i>	How long	<i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<i>Page Edmundell</i>	
Address		<i>630 N. Gilmer St.</i>	
		<i>Baltimore Md.</i>	
Accident or Suicide?		<i>—</i>	



Name  
in  
Full

CERTIFICATE OF DEATH

Frank Rogers

MARYLAND

Died at Sparrow Point Baltimore

Date of death 1906 Nov. 20 Age 24

Sex Male Color or Race White Birthplace Unknown

Occupation R.R. Brakeman Where Residing if not at place of death Sparrow Point

Married, Single or Widowed Unknown Name of Wife or Husband Unknown

Father's Name Unknown Father's Birthplace Unknown

Mother's Maiden Name Unknown Mother's Birthplace Unknown

Name of person giving information J. Blair How related to deceased

CAUSES OF DEATH

Primary Run over by R.R. car  
Immediate Accident

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. Blair L.P.  
Sparrow Point  
Md.

Accident or Suicide? Accident

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

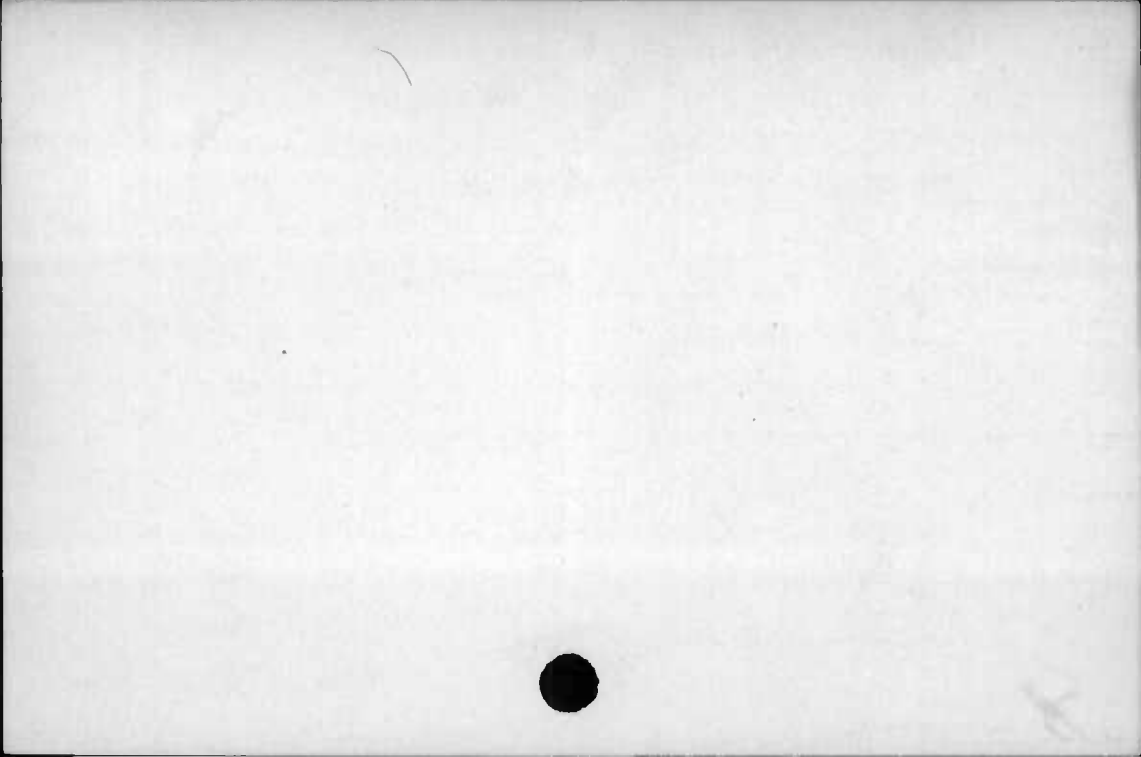
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Poplar Heights</i>		County <i>Balto</i>		MARYLAND		
Date of death		1906	Month <i>Apr</i>	Day <i>8</i>	Age —	Years —	Months —	Days <i>2</i>
Sex		Color or Race <i>white</i>			Birthplace <i>Poplar Heights</i>			
Occupation		Where Residing if not at place of death						
Married, Single or Widowed		Name of Wife or Husband						
Father's Name		<i>Mike Schaffer</i>				Father's Birthplace		
Mother's Maiden Name						Mother's Birthplace		
Name of person giving information		How related to deceased						

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Premature Birth</i>	How long	—
Immediate	<i>Premature Birth</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>H. K. Peltzman M.D.</i>	
		Address <i>Sparrow's Pt. Md.</i>	
Accident or Suicide?			





Name  
is  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Thomas Franklin Scovens</i>		Town <i>Towson</i>		County <i>Balto.</i>		State <i>MARYLAND</i>	
Died at <i>Towson</i>		Month <i>Nov</i>		Day <i>30</i>		Age <i>3</i> Years <i>—</i> Months <i>—</i> Days <i>—</i>	
Date of death <i>1906</i>		Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Towson</i>	
Occupation <i>None</i>		Where Residing if not at place of death <i>Towson</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Thomas Scovens</i>		Father's Birthplace <i>Balto. Co</i>					
Mother's Maiden Name <i>Saura Foster</i>		Mother's Birthplace <i>Balto. Co</i>					
Name of person giving information <i>Thomas Scovens</i>		How related to deceased <i>Father</i>					

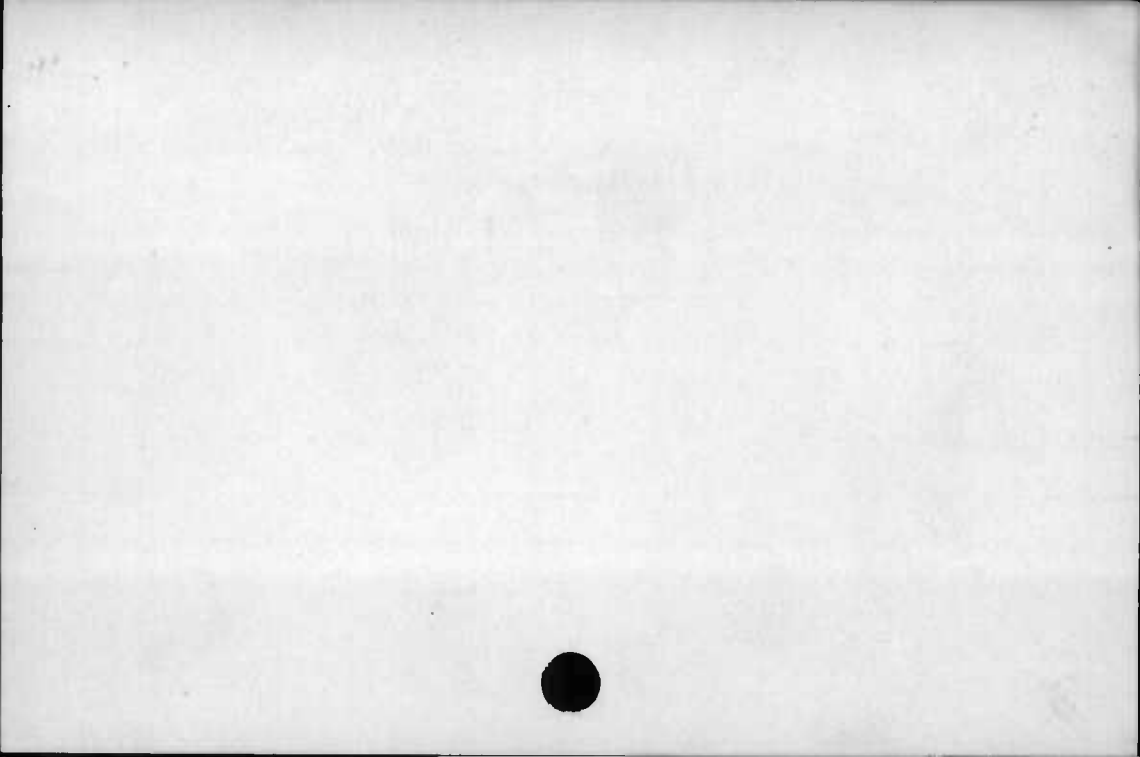
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Rachitis.</i>	How long	
Immediate	<i>Pertussis.</i>	How long	<i>Two weeks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of <i>H. B. Stevenson M. D.</i> Physician <i>per Daniel Jumper Aet</i>		
	Address <i>Towson, Md.</i>		
Accident or Suicide?			

John Burns Sons  
Scorens Cerr.  
Providence  
Ballo  
Co

Name in Full		Dated				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Canton</i>		<i>Balt.</i> County		MARYLAND		
		Date of death <i>1906</i>	Month <i>Nov.</i>	Day <i>16</i>	Age <i>13</i>	Years <i>13</i>	Months	Days
		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>MD</i>		
		Occupation <i>None</i>		Where Residing if not at place of death <i>—</i>				
		<del>Married, Single or Widowed</del>		Name of Wife or Husband <i>—</i>				
		Father's Name <i>James</i>				Father's Birthplace <i>Balt.</i>		
		Mother's Maiden Name				Mother's Birthplace		
		Name of person giving information				How related to deceased		
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary <i>Acute Nephritis</i>		How long <i>4 weeks</i>				
		Immediate <i>Uremia</i>		How long <i>2 days</i>				
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. W. Jones</i>				
				Address <i>3116 Edgewood St.</i>				
		Accident or Suicide? <i>X</i>						



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Sparrow Point		Baltimore					
Date of death	1906	Month	Nov	Day	26	Years	Age 67
Sex	Female		Color or Race	White		Birthplace	Maryland
Occupation	Housewife			Where Residing if not at place of death Sparrow Point			
Married, Single or Widowed	Married		Name of Wife or Husband	Frederick Seidenstricker			
Father's Name	John Espey					Father's Birthplace	Ireland
Mother's Maiden Name	Katharine Conway					Mother's Birthplace	Ireland
Name of person giving information	Frederick Seidenstricker					How related to deceased	Husband

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Chronic Diarrhea	How long	6 months
Immediate	Exhaustion	How long	2 weeks
Are the name, age, sex, color, date, and place correctly given above?		yes	
Signature of Physician		G. C. McCormick M.D.	
Address		Sparrow Point Md.	
Accident or Suicide?		no	



Name in Full		John Hunter Blade				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND	
	Reisterstown		Baltimore					
	Date of death	1906	Month	Two	Day	21	Age	
	2 yrs.		2 mos.		—		Months	
	—		—		—		Days	
	Sex	Male		Color or Race	White		Birthplace	Ind
Occupation			Where Residing if not at place of death					
—			—					
Married, Single or Widowed		Infant		Name of Wife or Husband		—		
Father's Name		Harry M. Blade				Father's Birthplace		Ind
Mother's Maiden Name		Elizabeth A. Torr				Mother's Birthplace		Ind
Name of person giving information		—				How related to deceased		—
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> CAUSES OF DEATH </div>								
PHYSICIAN OR CORONER	Primary		Croup and Pneumonia				How long	10 days
	Immediate						How long	
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		Address		
				H. M. Blade		Reisterstown		
Accident or Suicide?								





Name

in  
Full

## CERTIFICATE OF DEATH

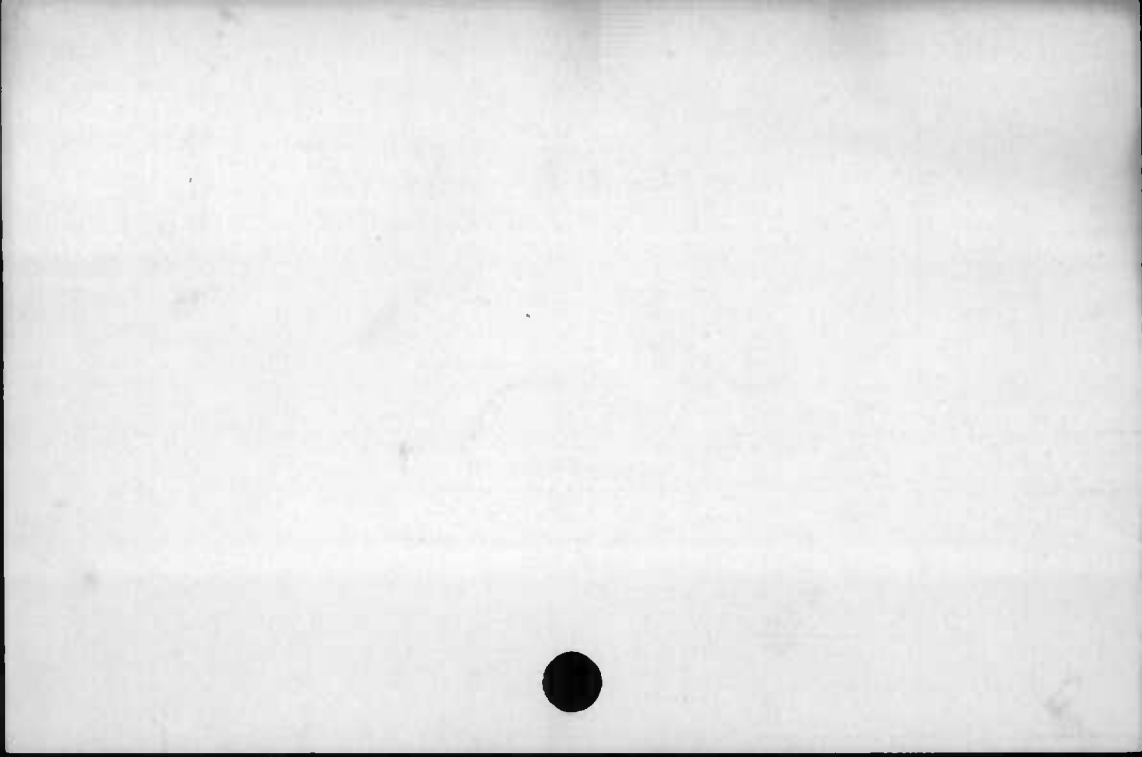
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Catoonsville</i>		County <i>Calto.</i>		MARYLAND	
Date of death	1906	Month	Nov.	Day	19	Age	65
Sex		Male		Color or Race		White	
Birth-place		Mass.		Where Residing if not at place of death		Catoonsville	
Occupation		Shipbroker		Name of Wife or Husband		Mary E. Small	
Married, Single or Widowed		Married		Father's Name		Jos. Small	
Mother's Maiden Name		Abbie G. Donnell		Father's Birthplace		Maine	
Name of person giving information		Mary E. Small		Mother's Birthplace		Mass	
				How related to deceased		Wife	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>acute Regurgitation, Left Hemiplegia</i>	How long	<i>5 Days</i>
Immediate	<i>Exhaustion</i>	How long	<i>5 Days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		<i>Chas. Macgill</i>	
		Address	
		<i>Catoonsville</i>	
		<i>Mo</i>	
Accident or Suicide?			



Name  
In  
Full

## CERTIFICATE OF DEATH

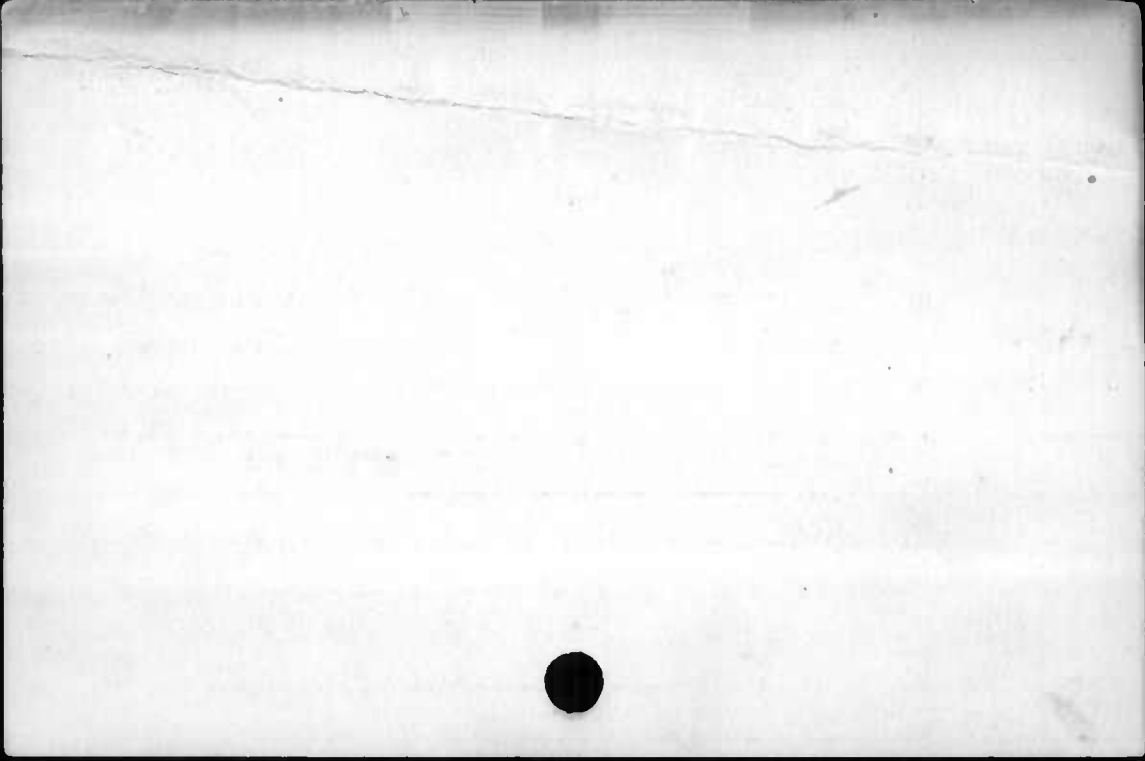
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Accident or Suicide?	Address



Name  
in  
Full

Henry Smith

CERTIFICATE OF DEATH

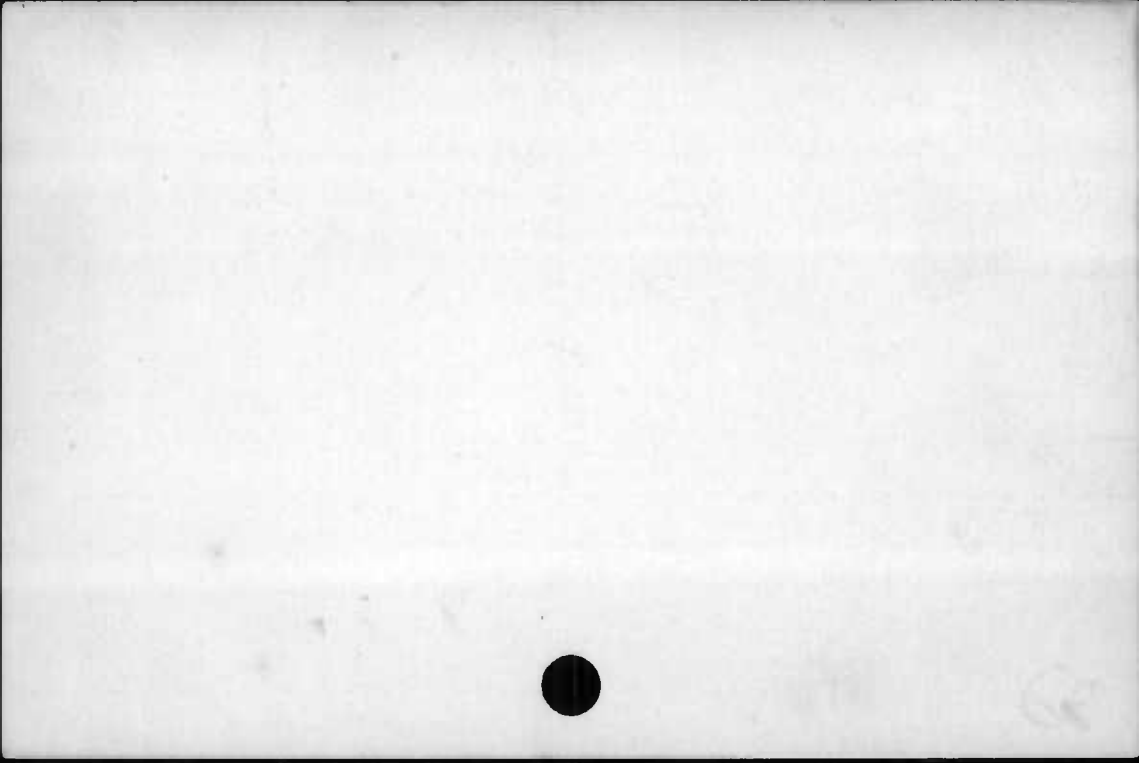
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Westport</i> <small>Town</small>		<i>Balto</i> <small>County</small>		MARYLAND	
Date of death	<i>1906</i>	Month <i>11</i>	Day <i>19</i>	Age <i>48</i>	Years <i>8</i> Months <i>11</i> Days
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation	<i>Glass flattener</i>		Where Residing if not at place of death	<i>Westport</i>	
<del>Married</del> , Single or <del>Widowed</del>	Name of Wife or Husband				
Father's Name	<i>Michael Smith</i>			Father's Birthplace	<i>Germany</i>
Mother's Maiden Name	<i>Margaret Hemp</i>			Mother's Birthplace	<i>"</i>
Name of person giving information	<i>Matilda Smith</i>			How related to deceased	<i>Sister-in-law</i>

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Obstruction of bowels</i>	How long	<i>2 days</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>W. Hall</i>	
		Address	
		<i>Mr. Wilson</i>	
Accident or Suicide?			



Name

in  
Full

Child of Wm. &amp; Margaret Smith

CERTIFICATE OF DEATH

Died at  
Highlandtown

Balto. County

MARYLAND

Date

of death 1906

Month

11

Day

29

Age

Years

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Balto. Co.

Occupation

none

Where Residing if not  
at place of death

926 18th. St.

Married, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Wm. Smith

Father's  
Birthplace

Balto.

Mother's  
Maiden Name

Margaret Moerschell

Mother's  
Birthplace

Balto.

Name of person giving  
information

Wm. M. Smith

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

How long

Immediate

Premature Birth

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes.

Signature of  
Physician

Address

Caroline Betz

912 E. Lombard St.

Accident or Suicide?

No.

Highlandtown

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

5th .Ger .Ref . Cem .

J .Herwig & Son

11 /30 /06



Name  
in  
Full

Johanna Stahm

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Highlandtown		County Balto.		MARYLAND	
Date of death		1906	Month 11	Day 27th	Age Years 73	Months 11	Days 20
Sex		Female		Color or Race		White	
Occupation		None		Birth- place		Germany	
				Where Residing if not at place of death		#1407 First St.	
Married, Single or Widowed		Married		Name of Wife or Husband		Henry Stahm	
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving In formation		Henry Stahm		How related to deceased		Son	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Carcinoma Stomach</i>	How long	<i>6 months</i>
Immediate	<i>Exhaustion</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			

J Hennig & Son  
2008 Orleans St.  
5<sup>th</sup> German Ref. Cemetery

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Canton</u> <sup>Town</sup>		<u>Baltimore</u> <sup>County</sup>		MARYLAND	
Date of death <u>1906 Nov.</u>		<u>18</u> <sup>Day</sup>		<u>56</u> <sup>Years</sup>	
Sex <u>Male</u>		Color or Race <u>white</u>		Birth-place <u>Maryland</u>	
Occupation <u>Watchman</u>		Where Residing <u>Canton Sta house</u> <small>at place of death</small>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband _____			
Father's Name <u>J. S. Stuart</u>		Father's Birthplace <u>Baltimore</u>			
Mother's Maiden Name <u>Mary Chestnut</u>		Mother's Birthplace <u>Prima</u>			
Name of person giving information <u>J. S. Stuart</u>		How related to deceased <u>Brother</u>			

## CAUSES OF DEATH

Primary <u>Hemorrhage</u>	How long <u>4 hours</u>
Immediate <u>Nasal Hemorrhage</u>	How long <u>unknown</u>

Are the name, age, sex, color, date and place correctly given above? yes.Signature of Physician P. A. DunninganAddress 203 Toole St.  
Coroner.Accident or Suicide? Natural  
causes

Trans # Hence

148 #120 Mt. Royal. Que.

Name  
In  
Full

Mary basin Stewart

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> Gorantown<sup>County</sup> Balt

MARYLAND

Date of death 1906 Nov.

Month

Day

Age

Years

Months

Days

Sex

FemaleColor or  
RacewhiteBirth-  
placemd.

Occupation

RetiredWhere Residing if not  
at place of deathArlington ave~~Married, Single~~  
or WidowedName of Wife or  
HusbandMary C StewartFather's  
NameEd. H. StewartFather's  
Birthplacemd.Mother's  
Maiden Name-Mary HileoxMother's  
Birthplacemd.Name of person giving  
In formationMrs Gordon GreenHow related  
to deceasedDaughter

## CAUSES OF DEATH

Primary

Infantile of old age

How long

Immediate

Hypertrophied Lung

How long

10 daysAre the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

John A. Evans  
101 N. Carey St  
Balt Md.

Accident or Suicide?

St Mary's Grovers

Nov 10 106

H. C. Windfeld

Name  
in  
Full

Grace Taven

11/3/1

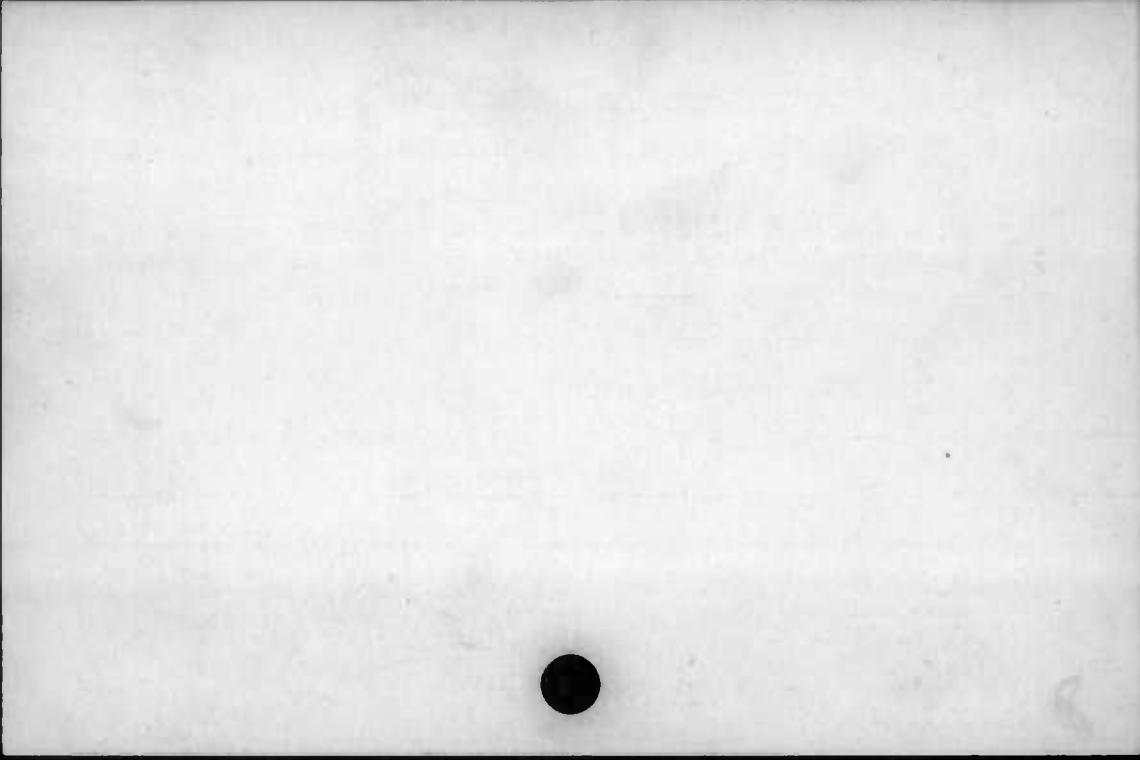
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Canton		County Baltimore		MARYLAND	
Date of death		1906	Month Nov	Day 16	Age 26	Months 1	Days 1
Sex Male		Color or Race White		Birth-place Russia			
Occupation Button hole maker		Where Residing if not at place of death 708 Fremont St.					
Married, Single or Widowed Married		Name of Wife or Husband Rebecca Taven					
Father's Name Louis Taven		Father's Birthplace Russia					
Mother's Maiden Name Hannah Taven		Mother's Birthplace "					
Name of person giving information Dr. Sam Halpern		How related to deceased Brother-in-law					

TO BE ANSWERED BY  
CORONER

Primary Cause of Death Pneumonia in right lung Suicide		How long Immediate	
Immediate Cause of Death Hemorrhage of brain		How long "	
Are the name, age, sex, color, date and place correctly given above? Yes.		Signature of Physician P.A. Drummigan	
		Address 203 Foote St	
Accident or Suicide? Suicide		Coroner [Signature]	





Name  
in  
Full

Walter Henry Thorne

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Gorauistown		<sup>County</sup> Baltimore		MARYLAND	
Date of death	1906	Month	Nov	Day	20
Age		55		Months	
Sex	Male		Color or Race	white	
Occupation	Contractor		Birth-place	England	
Where Residing if not at place of death		Hillen Road & Arlington Ave			
Married, <del>Single</del> or <del>Widowed</del>	Name of Wife or <del>Husband</del>		Alice E. Hagarth		
Father's Name	Henry Thorne		Father's Birthplace	England	
Mother's Maiden Name	Jane Shoemaker		Mother's Birthplace	England	
Name of person giving information	Alice E. Thorne		How related to deceased	Wife	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

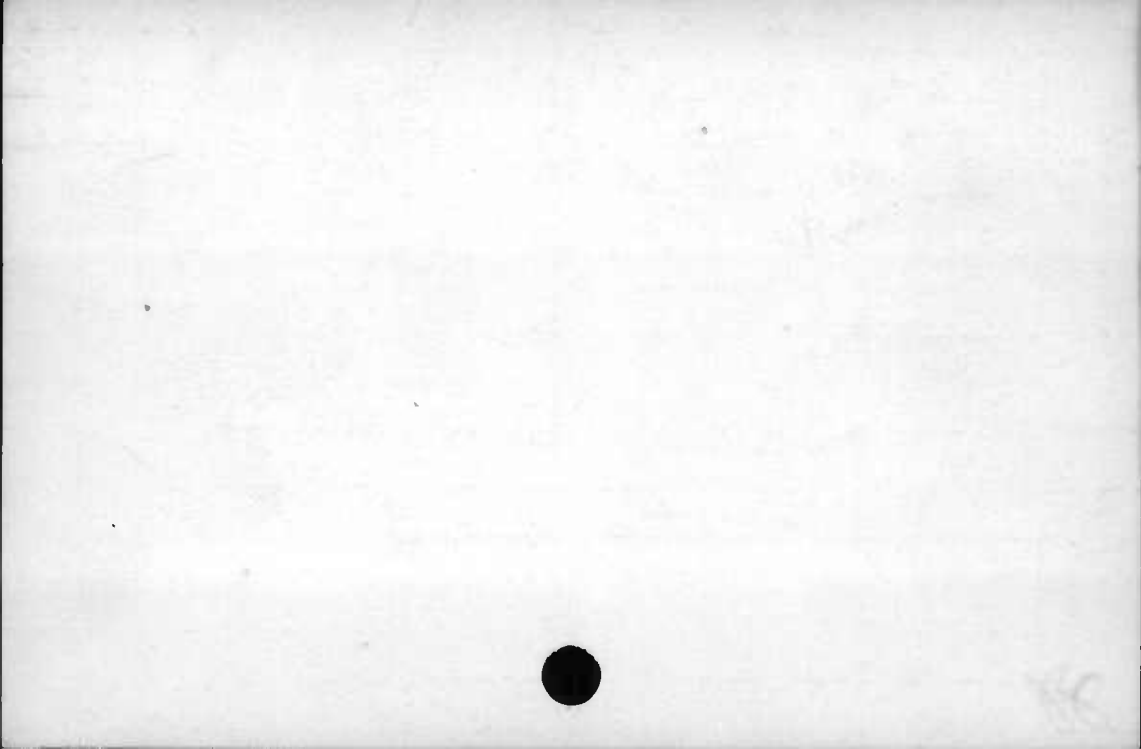
Primary	Pneumonia	How long	36 hours
Immediate	Weak Heart	How long	a few hours
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	E. H. Duncan
		Address	Gorauistown Md
Accident or Suicide?			

Wm Cook

502 E North Ave  
Greenmount Cemetery

Nov 22 1906

Name in Full		John Toeppner				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town 1 <sup>st</sup> Ave + 16 <sup>th</sup> St		County Balto		MARYLAND	
	Date of death		1906	Month Mar.	Day 3	Years 34	Months 9	Days 25
	Sex		male		Color or Race W. hite		Birth-place Balto City	
	Occupation		Carnage Painter		Where Residing if not at place of death At place of death			
	Married, Single or Widowed		Married		Name of Wife or Husband Annie Toeppner nee Schimdtman			
	Father's Name		Martin Toeppner		Father's Birthplace Germany			
	Mother's Maiden Name				Mother's Birthplace Germany			
	Name of person giving information		Mrs Annie Toeppner		How related to deceased Wife			
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Pulmonary T. B.		How long		10 mos.	
	Immediate		Asthma		How long		2 weeks	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		A. F. Rice	
					Address		213 S. 2nd St Baltimore	
	Accident or Suicide?							



Name  
In  
Full

Anthony Paulin

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>St Agnes Hospital</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death <i>1906</i>	Month <i>Nov.</i>	Day <i>16</i>	Age <i>56</i>	Years	Months	Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ireland</i>			
Occupation <i>Labourer</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Mary Paulin</i>					
Father's Name <i>Edward Paulin</i>				Father's Birthplace <i>Ireland</i>			
Mother's Maiden Name <i>Mary Brogan</i>				Mother's Birthplace			
Name of person giving information <i>Mary Paulin</i>				How related to deceased <i>Daughter</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Acute Nephritis</i>	How long	
Immediate	<i>Toxemia</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician	<i>Dr Shaw</i>
		Address	<i>St Agnes Hospital</i>
Accident or Suicide?			



Name  
is  
Full

Rodwell Turner

## CERTIFICATE OF DEATH

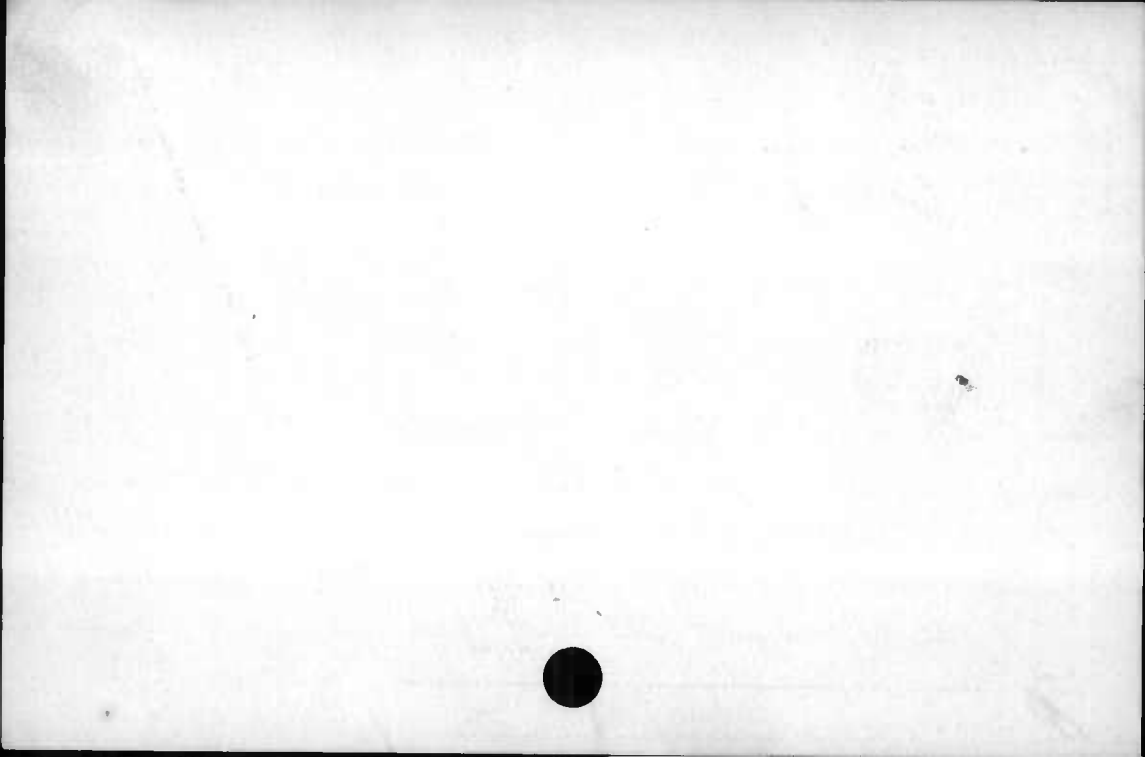
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Arlington MD</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 1906	Month <i>November</i>	Day <i>3rd</i>	Age <i>60</i>	Years <i>10</i>	Months <i>1</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore MD</i>		
Married, Single or Widowed <i>Married</i>			Occupation <i>Salesman</i>		
Name of Wife or Husband <i>Sarah J. Turner</i>					
Father's Name <i>Richard J. Turner</i>			Father's Birthplace <i>Annapolis MD</i>		
Mother's Maiden Name <i>Susanna Harrison</i>			Mother's Birthplace <i>Baltimore MD</i>		
Name of person giving information <i>Isaac H. Lundiff</i>			How related to deceased <i>Son in law</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Arthritis Deformans</i>	How long <i>3 years</i>
Immediate <i>Tubercular Pus in Kidney &amp; Bladder</i>	How long <i>1 year</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. H. [Signature]</i>
	Address <i>Arlington</i>
Accident or Suicide?	





Name  
in  
Full

## CERTIFICATE OF DEATH

Jesse Tyson

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Eglburn</i> <sup>Town</sup> <i>Howe</i> <i>Batter.</i> <i>Co.</i>		County <i>—</i>		MARYLAND	
Date of death	1906	Month	November	Day	28 <sup>th</sup>
Age		about 80		Months	
Sex	Male	Color or Race	White	Birth-place	Baltimore.
Occupation	none	Where Residing if not at place of death		<i>Eglburn</i>	
Married, Single or Widowed	married	Name of Wife or Husband <i>to death</i> <i>Johns</i> <i>Tyson</i>			
Father's Name	<i>Isaac Tyson</i>			Father's Birthplace	
Mother's Maiden Name	<i>Hannah Ann Wood</i>			Mother's Birthplace	
Name of person giving information	<i>Walter de C. Poutney</i>			How related to deceased <i>no relation</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

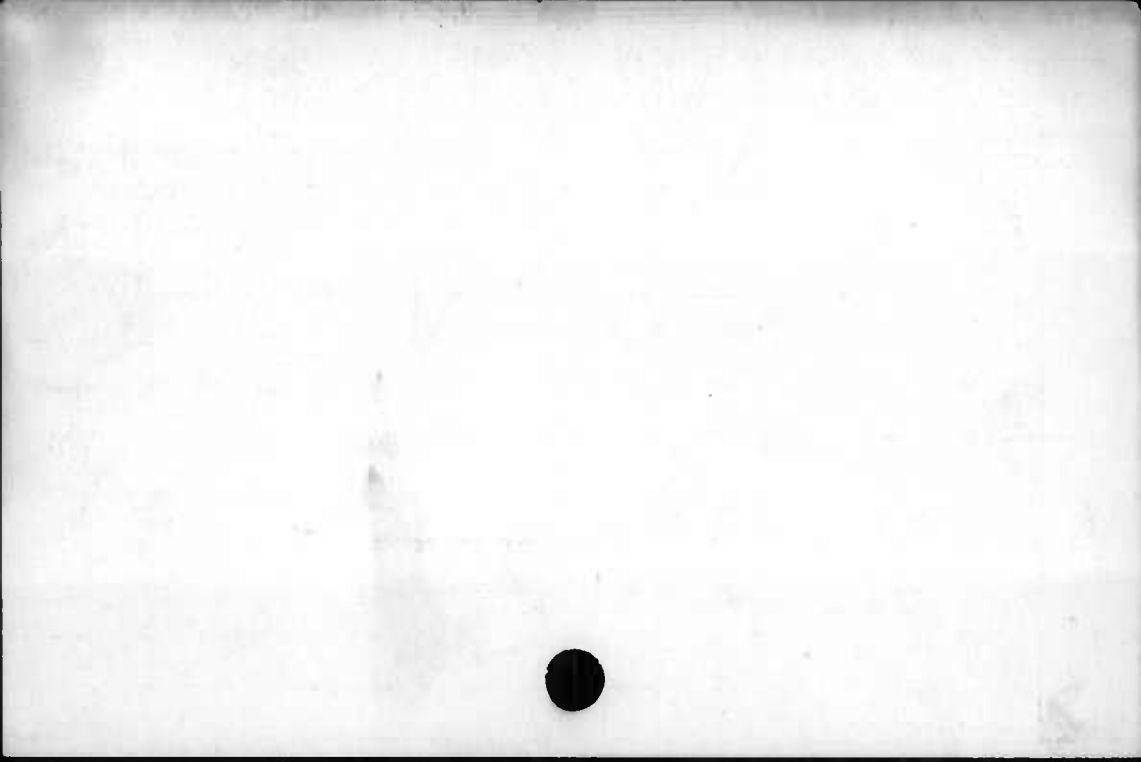
Primary	<i>Ulceration of Intestine (probably Tubercular)</i>	How long	<i>about 2 yrs.</i>
Immediate	<i>Perforation &amp; Shock</i>	How long	<i>about 10 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>W. D. Lockwood</i>
		Address	<i>8 E. Eager St.</i> <i>Baltimore</i>
Accident or Suicide?	<i>no</i>		

Funeral Friday Nov 30/1906

Interment Friends Cem  
Harford Road

Wheeler & Sons Co  
Funeral directors

Name In Full		Town				County		CERTIFICATE OF DEATH			
Joshua M. Upton		Grays.		Baltimore		BALTO		MARYLAND			
Died at		Date of death		Month		Day		Age		Months	
1906		Nov.		28		44					
Sex		Color or Race		Birth-place							
Male		White		Maryland							
Occupation		Where Residing If not at place of death									
Cooper		Grays Balto Co									
Married, Single or Widowed		Name of Wife or Husband									
married		Jannir Upton									
Father's Name		Father's Birthplace									
Joshua Upton		Maryland									
Mother's Maiden Name		Mother's Birthplace									
Julia H. Barker		Maryland									
Name of person giving information		How related to deceased									
John W. Upton		Brother									
CAUSES OF DEATH											
Primary		How long									
Cancer of face		2 yrs									
Immediate		How long									
Extensive hemorrhage		1 month									
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician									
		Address									
		H. B. Smith									
		allie city									
Accident or Suicide?											



Name  
in  
Full

Frederick E Vogts

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Franklinville</i>		County <i>Balto</i>		MARYLAND	
Date of death 190 <i>6</i>	Month <i>Nov.</i>	Day <i>9<sup>th</sup></i>	Years <i>26</i>	Months <i>4</i>	Days <i>-</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore</i>	
Married, Single or Widowed <i>Married</i>			Occupation <i>Car Conductor</i>		
Name of Wife or Husband <i>Mary Katherine Scullam Vogt</i>					
Father's Name <i>Jm. C. Vogts</i>				Father's Birthplace <i>Franklinville, Md.</i>	
Mother's Maiden Name <i>Anne Mary Condit</i>				Mother's Birthplace <i>Maryland</i>	
Name of person giving information <i>Sister Mary Vogt</i>				How related to deceased <i>Sister</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Phthisis Pulmonalis</i>	How long <i>18 months</i>
Immediate <i>Edema General respiration</i>	How long <i>6 months</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. H. K. K. K.</i>
<i>No</i>	Address <i>Franklinville P.O. Md.</i>
Accident or Suicide? <i>No</i>	

Interment.

Carroll's Chapel.

Chestnut Ridge  
-md

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Name *Gertrude Walker*

Died at *Granstown* *Baltimore* County

Date of death *1906* Month *11* Day *5* Age *22* Months *—* Days *—*

Sex *Female* Color or Race *Colored* Birth-place *Virginia*

Occupation *Domestic* Where Residing if not at place of death *Granstown*

Married, Single or Widowed *Single* Name of Wife or Husband *none*

Father's Name *George Walker* Father's Birthplace *VA*

Mother's Maiden Name *Matilda Hickwood* Mother's Birthplace *VA*

Name of person giving information *Emma Perry* How related to deceased *Sister*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Abortion* *(134)* How long *Two weeks*

Immediate *Septicemia* How long *6 days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *T. S. Hawkins*

Address *1202 Druid Hill Ave*

Accident or Suicide?

Relia B Pyle  
102 E Mulberry St - Oct 18  
From Cemetery in  
Baltimore Md U.S.



Name  
in  
Full

Elizabeth Waters

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Bonely</u> <small>Town</small>			<u>Baer</u> <small>County</small>		MARYLAND	
Date of death 190 <u>6</u>	Month <u>11</u>	Day <u>17</u>	Age <u>75</u> <small>Years</small>	Months <u>—</u>	Days <u>—</u>	
Sex <u>male</u>	Color or Race <u>Colored</u>		Birth-place <u>Harford Co</u>			
Married, Single or Widowed <u>Widower</u>			Occupation <u>Gardener</u>			
Name of Wife or Husband <u>Margaret Waters</u>						
Father's Name				Father's Birthplace		
Mother's Maiden Name				Mother's Birthplace		
Name of person giving information <u>Joseph Waters</u>				How related to deceased <u>Son</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Cardiac Disease of old age</u>	How long <u>one year</u>
Immediate <u>General Failure</u>	How long <u>2 months</u>
Are the name, age, sex, color, date and place correctly given above? <u>Mrs</u>	Signature of Physician <u>W. R. Reynolds M.D.</u>
	Address <u>Franklinville</u>
Accident or Suicide? <u>No</u>	

Mountain Harford Co  
Md

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Leatonsville</u> <sup>Town</sup>		<u>Polk</u> <sup>County</sup>		MARYLAND		
Date of death <u>1906</u>		<u>Nov</u> <sup>Month</sup>	<u>13</u> <sup>Day</sup>	<u>71</u> <sup>Years</sup>	<u>      </u> <sup>Months</sup>	<u>      </u> <sup>Days</sup>
Sex <u>Male</u>		Color or Race <u>white</u>		Birth-place <u>Ind.</u>		
Occupation <u>Machinist</u>				Where Residing if not at place of death <input checked="" type="checkbox"/>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <input checked="" type="checkbox"/>				
Father's Name <input checked="" type="checkbox"/>				Father's Birthplace <input checked="" type="checkbox"/>		
Mother's Maiden Name <input checked="" type="checkbox"/>				Mother's Birthplace <input checked="" type="checkbox"/>		
Name of person giving information <input checked="" type="checkbox"/>				How related to deceased <input checked="" type="checkbox"/>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Senile Dementia</u>		How long <u>7 yrs.</u>
Immediate <u>Valvular Disease of Heart</u>		How long <u>Few hours.</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes.</u>		Signature of Physician <u>Dr. Ray Nade</u>
<u>Accident or Suicide?</u> <u>No.</u>		Address <u>Leatonsville, Ind.</u>



Name  
in  
Full

George F. Wheeler

## CERTIFICATE OF DEATH

Town

Pawson

County

Baltimore

MARYLAND

Died at

Date

of death 1906

Month

11

Day

11

Years

88

Age

Months

2

Days

8

Sex

Male

Color or  
Race

White

Birth-  
place

Harford Co

Occupation

Bailiff to Court

Where Residing if not  
at place of death

Pawson

Married, Single  
or Widowed

Widowed

Name of Wife or  
Husband

Martha J. Wheeler

Father's  
Name

Francis J. Wheeler

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Mary Ann McAttee

Mother's  
Birthplace

Maryland

Name of person giving  
In formation

Miss Emma Hunt

How related  
to deceased

Step daughter

## CAUSES OF DEATH

Primary

Valvular of heart. Atherosclerosis

How long

Immediate

Venous Congestion

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

R. C. Massenburg

Address

Pawson

Accident or Suicide?

—

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

John Burns. Sons

---

Intermitt

St Mary's Graustown

Name in Full <b>Amanda A. White</b>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <b>Cella</b> <small>Town</small>		<b>Balto</b> <small>County</small>
	Date of death <b>1906</b> <small>Month</small> <b>Nov</b> <small>Day</small> <b>19</b> <small>Age</small> <b>77</b> <small>Years</small>		<b>Months</b> <small>Days</small>
	Sex <b>Female</b>	Color or Race <b>White</b>	Birth-place <b>Maryland</b>
	Occupation _____		Where Residing if not at place of death _____
	Married, Single or Widowed <b>Widow</b>	Name of Wife or Husband <b>Richard W. White</b>	
	Father's Name <b>not known</b>	Father's Birthplace _____	
	Mother's Maiden Name <b>not known</b>	Mother's Birthplace _____	
Name of person giving information <b>John R. White</b>		How related to deceased <b>Nephew</b>	
<b>CAUSES OF DEATH</b>			
PHYSICIAN OR CORONER	Primary <b>Valvular disease of heart</b>	How long _____	
	Immediate <b>Heart Failure</b>	How long _____	
	Are the name, age, sex, color, date and place correctly given above? <b>Yes.</b>	Signature of Physician <b>W. M. B. Rogers M.D.</b>	
		Address <b>Elmhurst City, Md.</b>	
	Accident or Suicide? <b>8</b>		





Name  
in  
Full

Frank W. Hittaker

## CERTIFICATE OF DEATH

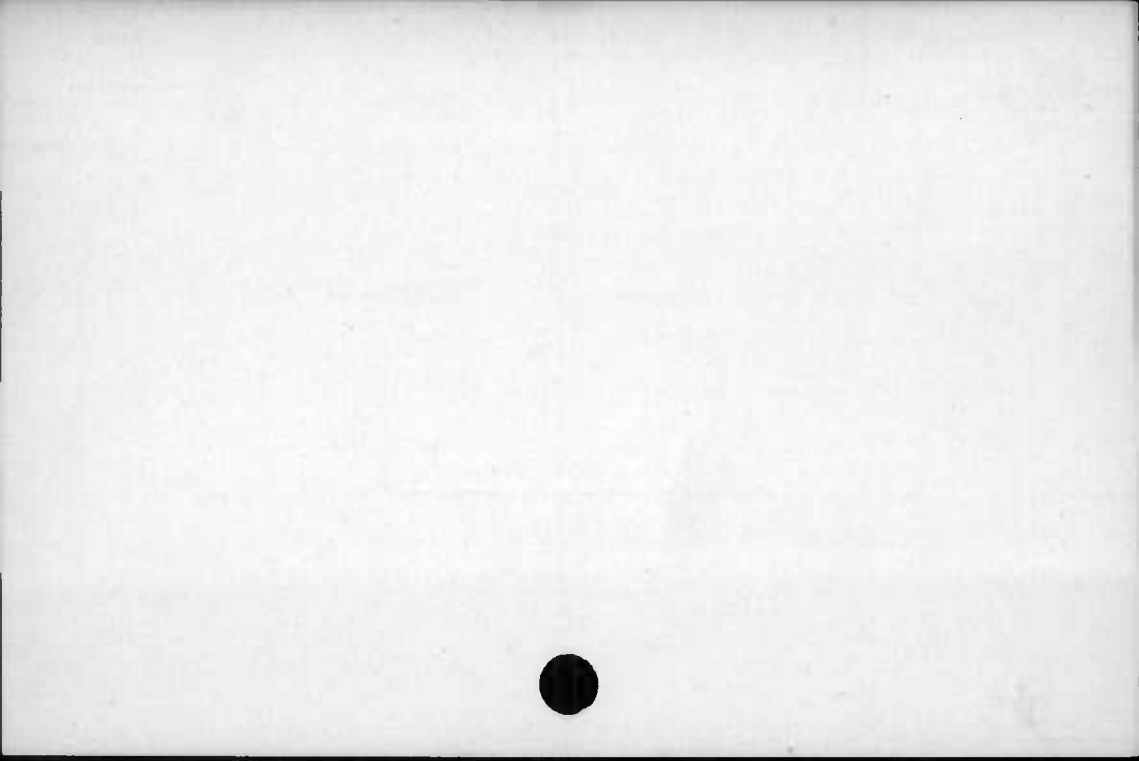
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>St Agnes Hospital</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	<i>1906</i>	Month	<i>Nov</i>	Day	<i>10</i>	Age	<i>58</i>
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>America.</i>		Months <i>-</i>	
Occupation <i>Baker</i>		Where Residing if not at place of death <i>-</i>		Years <i>-</i>		Days <i>-</i>	
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband		Father's Birthplace <i>England</i>		Mother's Birthplace <i>"</i>	
Father's Name <i>John Whitaker</i>		Mother's Maiden Name <i>not known.</i>		How related to deceased <i>-</i>		Name of person giving information <i>Deceased</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Locomotor ataxia</i>	How long <i>62</i>	How long <i>3 yrs.</i>
Immediate <i>Exhaustion</i>	How long <i>-</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. W. Shaw.</i>	Address <i>St Agnes Hospital</i>
Accident or Suicide? <i>2</i>		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Henry Wiegand</i>		Town <i>Odonnell St</i>		County <i>Baltimore</i>		State <i>MARYLAND</i>	
Died at <i>30</i>		Month <i>Nov</i>		Day <i>27</i>		Age <i>63</i>	
Date of death <i>1906</i>		Months <i>3</i>		Years <i>20</i>		Days <i>20</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>			
Occupation <i>Labour</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Minnie Wiegand</i>					
Father's Name <i>Friedrich Wiegand</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>—</i>		Mother's Birthplace <i>—</i>					
Name of person giving information <i>Minnie Wiegand</i>		How related to deceased <i>Wife</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Injury - Fall on curb stone</i>	How long <i>a few minutes</i>
Immediate <i>Hernia and Internal Injuries</i>	How long <i>12 hrs</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. L. Burke M.D.</i>
	Address <i>218 O'Donnell St</i>
Accident or Suicide?	

Mr. Cannel  
H. Sanders & Sons

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Elizabeth Wilkinson

Died at

Arlington

Town

Baltimore

County

MARYLAND

Date

of death 190

6

Month

11

Day

7

Age

Years

69

Months

7

Days

—

Sex

Female

Color or  
Race

White

Birth-  
place

Maryland.

Married, Single  
or Widowed

Widow

Occupation

—

Name of Wife or  
Husband

Dr. Geo. Wilkinson

Father's  
Name

John Becket

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Susan Blake

Mother's  
Birthplace

Maryland.

Name of person giving  
In formation

Mrs. Annie M. Wiles

How related  
to deceased

Not at all.

## CAUSES OF DEATH

Primary

Fall from second story porch

How long

3 weeks

Immediate

Septic Poison from wounds

How long

Are the name, age, sex, color, date  
and place correctly given above?received them.  
yesSignature of  
Physician

R. F. Haderly, M.D.

Address

St. Elmy.

Accident or Suicide?

—

Lorraine Cunebury  
Nov. 9 / 1906  
J. B. Cook.

Name  
in  
Full

Ginnie May Woods

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Ackeysville</i> <sup>Town</sup>		<i>Bald</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1906</i>	Month <i>11</i>	Day <i>20</i>	Age Years <i>24</i>	Months <i>4</i> Days <i>17</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Va</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or <del>Widowed</del>	Name of <del>Wife</del> or Husband <i>John D. Woods</i>				
Father's Name <i>John H. Loral</i>	Father's Birthplace <i>Va</i>				
Mother's Maiden Name <i>Ella Tolson</i>	Mother's Birthplace <i>Va</i>				
Name of person giving information <i>John D. Hood</i>	How related to deceased <i>Husband</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Contributory to Heart</i>	How long <i>6 mos 6 days</i>
Immediate <i>Bright's disease of the kidney &amp; Dropsy</i>	How long <i>6 mos</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. J. W. Kennard</i>
	Address <i>708 Ensor St</i>
Accident or Suicide?	

Bridge Can  
Jos B Cook



Name in Full		Wm Young		CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Canton		County Baltimore	
	Date of death		1906 Nov. 18		Age 29	
	Sex		Male.		Color or Race White	
	Occupation		Laborer.		Where Residing if not at place of death Unknown	
	Married, Single or Widowed		Single		Name of Wife or Husband	
	Father's Name				Father's Birthplace	
	Mother's Maiden Name				Mother's Birthplace	
	Name of person giving information		John Lynch		How related to deceased Nothing	
CAUSES OF DEATH						
PHYSICIAN OR CORONER P. A. Dunnigan	Primary		Killed by train		How long immediate	
	Immediate		Fracture skull		How long "	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		P. A. Dunnigan	
	Address		203. Toodle St.		Coroner.	
Accident or Suicide?		Accident				

Hesse - Constable  
Bath Co. Conn.

Name  
in  
Full

CERTIFICATE OF DEATH

Peter G Zouch

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Glen Morris		Batto		MARYLAND	
Date of death		1906	Month	Nov	Day	19	Age
						Years	60
Sex		Male		Color or Race		White	
Occupation		Merchant		Where Residing if not at place of death		Batto, Co. Md	
Married, Single or Widowed		Married		Name of Wife or Husband		Mary E. Zouch	
Father's Name		Henry C. Zouch		Father's Birthplace		Batto, Co. Md	
Mother's Maiden Name		Mary A. Fowble		Mother's Birthplace		" " "	
Name of person giving information		Frank Zouch		How related to deceased		Brother	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pulmonary Tuberculosis	How long	Two years
Immediate	Pulmonary Oedema & Cardiac weakness	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		H. R. R. R. R.	
Address		Blyden Md.	
Accident or Suicide?		X	

Drum Ridge

Name  
in  
Full

Unknown. White Man.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Catonsville</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death <i>1906</i>	Month <i>Nov</i>	Day <i>20</i>	Age <i>? about 60</i> Years	Months	Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>a</i>	
Occupation <i>x</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>x</i>		Name of Wife or Husband			
Father's Name <i>x</i>			Father's Birthplace <i>x</i>		
Mother's Maiden Name <i>x</i>			Mother's Birthplace <i>x</i>		
Name of person giving information <i>x</i>			How related to deceased <i>x</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Struck &amp; Crushed by Car of Elliott City line of United Railway Co.</i>	How long
Immediate	<i>City line of United Railway Co.</i>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Henry B. Whiteley</i>
		Address <i>Catonsville, Md</i>
Accident or Suicide? <i>Accident</i>		

